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REMOVE

# ORAL HYGIENE



*Volume 29, Number 8*

*August, 1939*

# Portable Pneumatic Condenser

*Designed by*  
*Dr. George M. Hollenback, D.D.S.,*  
*F.A.C.D., Los Angeles*



**With the Pneumatic Condenser, gold foil is condensed to greater density, in less time, with less discomfort for the patient, and less fatigue for the operator.**

The Portable Condenser (illustrated above) has its own electric unit. The Pneumatic Condenser is also made for attachment to the electric engine.

A small air compressor, operated by electric engine or motor unit, causes a pulsating movement of air which is carried to the straight and angle condensers and produces the blow.

The small size of the condensers allows them to be turned or the line of force to be changed easily. The angle condenser permits a correct line of force to be obtained for distal cavities and those far back in the mouth.

As hand pressure may be applied at the same time the blow is delivered, the advantages of hand mallet condensation are retained.

**Pneumatic Condenser  
for the electric engine  
\$35.00**

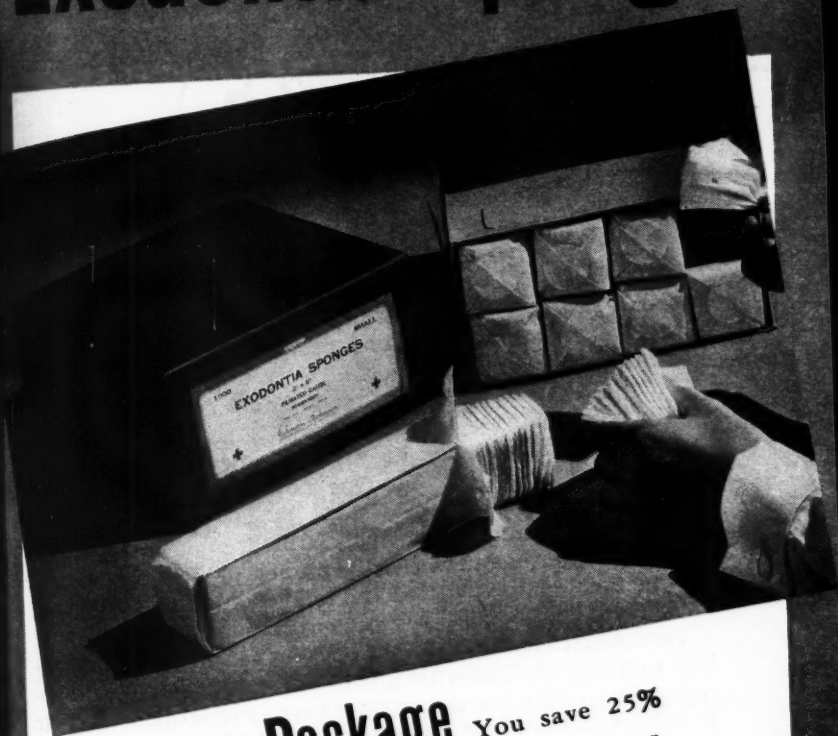
**Portable Pneumatic Condenser  
with electric unit  
\$52.00**

*Illustrations of Gold Condensing Points designed by Dr. Baird, Dr. Rule and Dr. Woodbury will be sent on request.*

**THE** *Cleveland* **DENTAL**  
**MANUFACTURING COMPANY**  
CLEVELAND, OHIO • U. S.



# Exodontia Sponges



**Economy Package** You save 25%  
over the 100-size box when you buy this new car-  
ton of 1,000 Exodontia Sponges. These ready-to-use  
sponges are made of filmated gauze, and sterilized  
after packaging. 1,000, 2" x 2" . . . . . **\$3.00**  
**ORDER FROM YOUR DEALER**

DENTAL DIVISION **Johnson & Johnson**  
NEW BRUNSWICK, N. J. CHICAGO, ILL.

# *The Publisher's* **CORNER**



**BY MASS**

**NUMBER 218**

QUIET, PLEASE, while the fingers canter about the keyboard. If this little typewriter is properly warmed up, an idea lurking amongst its gadgetty innards may become unstuck and creep out upon the paper.

The utterly noble thought, the putrescent paragraph, the deftly turned phrase, the theme which refuses to jell, the sweetly tinkling sentence, the flight of fancy that zooms to a crackup—which will it be? One never knows. One never knows.

Conceived in iniquity, or divinely bred, somewhere within the tangle of wires and wheels the miracle of birth occurs: the darling creation to be petted and fondled and made the most of, or the deformed idea, the stillborn thought.

Your fingers manipulate the keys, but inside the mechanistic mystery, the Tixies are afoot—those sagacious little typing cousins of the Pixies who have here a department of their fairyland and are busy at their chosen task, superintending the accouchement of the idea, delivering the small wispy thought, wetnursing it at their tiny breasts, mothering into robust life the writing you will proudly call your own. Unless the fiends among these Little People invade the maternity ward and needle the precious embryo, poisoning on the threshold of life what might have been a morsel of loveliness.

This afternoon, the fiends are at large down below the clatter of the keys, the intermittent clatter, the clatter that

*(Continued on page 908)*

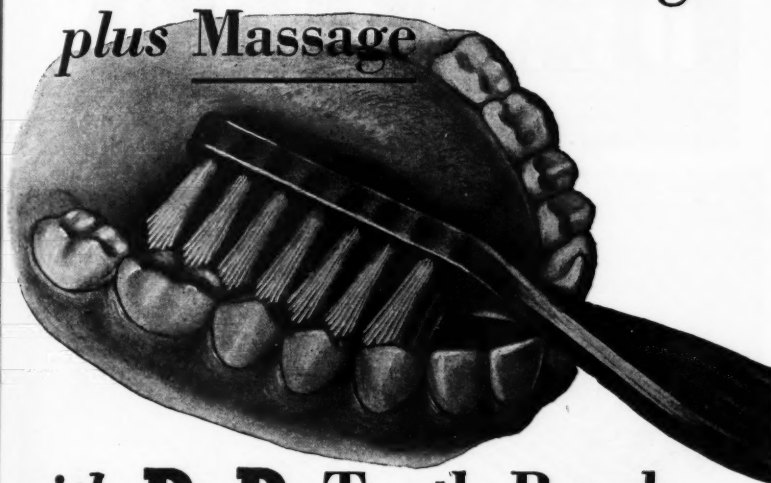
A

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D. D.  
prob

630

# Almost 100% Tooth Surface Coverage *plus* Massage



## with **D. D.** Tooth Brush

The D.D. Tooth Brush comes close to the ideal in all desirable requirements for brushing teeth and massaging gums. Designed with the aid of 1,000 dentists, D.D. can be safely and effectively used by every member of the family to . . .

### **Brush the Teeth and Massage the Gums**

Compact brush head, with widely separated tufts made of good, resilient, genuine bristles, reaches all five tooth surfaces. The handle angle is conducive to correct placement of brush on teeth and proper massage of the gums. Massage is gentle, due to smooth and level tuft contour. A depression in the handle offers a balanced grip for ease of manipulation.

D.D. Tooth Brush helps answer the problem of home care of teeth and gums.

**BRISTOL-MYERS COMPANY**

630 Fifth Avenue

Dept. 4

New York, N. Y.

# Free trial bottle **TRUE DENTALLOY**

in every True Dentalloy "New User" Package



## Contents:

- 2 5-oz. Bottles True Dentalloy
- 1 Trial Bottle True Dentalloy

PRICE **\$17.00**

When ordering, specify whether Filings or Cut "A" are wanted.

Merely ask your dealer or your salesman to send you a True Dentalloy "New User" Package. Open the package; use the True Dentalloy in the trial bottle. If this meets with your approval, accept the charge for the two five ounce bottles. If the trial does not convince you that True Dentalloy is the best alloy for your practice, return the two five ounce bottles, *unopened*, and receive full credit.

THE S. S. WHITE DENTAL MFG. CO.  
211 S. 12th Street  
PHILADELPHIA, PA.

**COMPLIES WITH A.D.A. SPECIFICATION NO. 1**

# E.S. WHITE MASTER

**T**HE only unit that places the table and operating accessories within a "turn of the wrist" in *all* operating positions—even the full indirect, whether seated or standing. It is designed and built to match your working habits.



Write  
for these pamphlets

THE S. S. WHITE DENTAL  
MFG. CO.

211 S. 12th Street  
Philadelphia, Pa.

Please send me illustrated literature on the Master Unit, also "Plan for Tomorrow as You Build for Today," details of your free office planning service and easy payment plans.

OH 839

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ADDRESS .....

CITY..... STATE.....

DEALER'S NAME.....

ADDRESS .....

subsides so often. In the too frequent interludes the clock can be heard, ticking away forever the minutes that are needed for this writing. The fan, fighting Summer, hums a tired overtone.

The fiends are at large this afternoon, down among the wheels and wires, needling the dainty thoughts to death, murdering the little fellers.

The nice, kind, devoted Tixies have been waging a losing battle; the fiends are in the saddle, figuratively speaking. They scamper about, and with hateful industry bring to naught the tender midwifery of their good companions. Ideas have been dying, dying, dying.

The fan hums, the clock ticks, the keys are waiting, silent. Nothing creeps out upon the paper. The joy of fortuitous fatherhood is absent. No noble thought, no deft phrase, no sweetly tinkling sentence comes as the Tixies' gift to the writing wretch . . .

But something stirs, wistful hope awakes, something's being shoved out upon the paper. It emerges—the poor, dead thing the fiends have slaughtered—the Idea stark and lifeless, limp and very, very dead.

Within the machine's gadgetty innards, the good Tixies sulk despondently. In fancy, one hears the faint devilish cackle of the fiends rejoicing.

And you print the damned thing they've brought you.

# LOOKING AT THE PATIENT



## from the dentist's viewpoint

chewing gum is more than a pleasant habit. Dentists write to tell us how the firmer, "chewier" Oralgum helps in mouth exercise and fits into their problems of mouth care.

BEECH-NUT PACKING CO., CANAJOHARIE, NEW YORK

There's a purpose  
in chewing  
**ORALGUM**  
because—



1. More "chewy." Gives the mouth needed exercise.
2. Helps keep teeth clean and fresh looking.

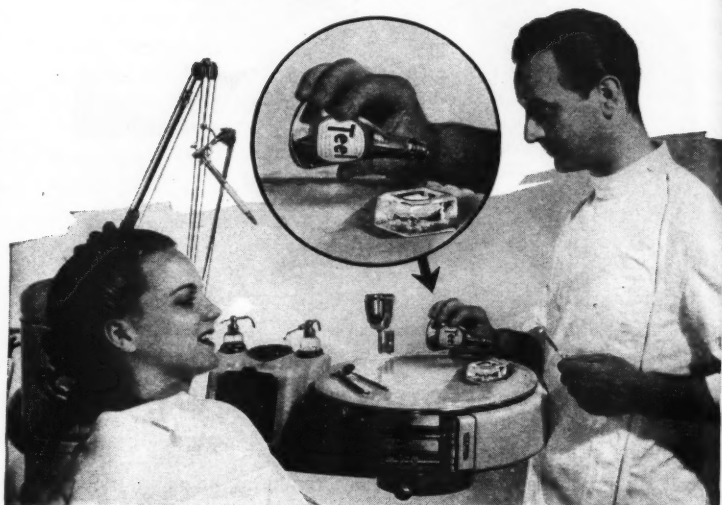
EACH PIECE  
INDIVIDUALLY WRAPPED

3. Helps to mouth freshness... contains milk of magnesia (dehydrated).



# We Thank Dentists

*for telling us about this  
new use for Teel*



## How to Make Prophylaxis More Pleasant for Patients

**F**ROM many dentists in different parts of the country, we are receiving letters telling about a new use they have discovered for Teel—Procter & Gamble's new liquid dentifrice. They write:

First, that Teel makes an ideal binder for pumice for prophylaxis at the chair. Second, that patients almost invariably comment favorably upon its pleasant taste.

Of course, Teel acts as more than a binder for pumice. It

contains an efficient soapless detergent (sodium alkyl sulphate) which is neither acid nor alkaline in action.

Teel also has extremely low surface tension for unsurpassed penetration in interdental and gingival crevices.

We invite you to try this new use for Teel at the chair. We will gladly mail you free samples upon your request. Simply write to Teel, Box 687, Dept. 3, Drug Products Division, Cincinnati, Ohio.

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D  
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IN P


CHEM

NEW YO  
factories:

*Pure Vitamins*

*prescribed by*  
**DENTISTS**  
*and*

**PHYSICIANS**



## **CANTAXIN**

Trademark Reg. U. S. Pat. Off. & Canada

Brand of **ASCORBIC ACID**

*Vitamin C*

## **DRISDOL**

Reg. U. S. Pat. Off. & Canada

Brand of **CRYSTALLINE VITAMIN D<sub>2</sub>**

"FROM ERGOSTEROL"

**IN PROPYLENE GLYCOL**



*Winthrop*

**CHEMICAL COMPANY, INC.**

Pharmaceuticals of merit for the  
physician and dentist

**NEW YORK, N. Y. WINDSOR, ONT.**

Factories: Rensselaer, N. Y. — Windsor, Ont.

• The importance of an adequate supply of vitamins C and D for maintaining the nutrition of the dental structures, especially during childhood, is generally recognized.

Cantaxin (pure synthetic vitamin C) has proved of special value in the management of dental caries, pyorrhea and certain affections of the gums when these are attributable to a deficiency of vitamin C due either to low intake or insufficient assimilation.

For promoting healthy growth of teeth Drisdol in Propylene Glycol is particularly suitable. It contains highly potent crystalline vitamin D<sub>2</sub> in a medium which assures complete diffusibility in milk without impairment in taste. Drisdol in Propylene Glycol is extensively used because of ease and simplicity of administration, reliability of dosage, small dose and economy.

Drisdol is also available in capsules with vitamin A.

## Alka-Seltzer Taken After Alcohol Ingestion Hastens Emptying Time of Stomach

<b>CROSS-SECTION TABULATION OF EXPERIMENTAL RESULTS</b>			
<b>SUBJECT</b>	<b>AFTER ALKA-SELTZER EMPTYING TIME OF STOMACH</b>	<b>AFTER ASPIRIN EMPTYING TIME OF STOMACH</b>	<b>RATIO= EMPTYING TIME ASPIRIN EMPTYING TIME ALKA-SELTZER</b>
	<b>MINUTES</b>	<b>MINUTES</b>	
<b>E. P.</b>	<b>60</b>	<b>90</b>	<b>1.50</b>
<b>F. S.</b>	<b>45</b>	<b>120</b>	<b>2.66</b>
<b>A. G.</b>	<b>60</b>	<b>150</b>	<b>2.50</b>
<b>J. F.</b>	<b>30</b>	<b>135</b>	<b>4.50</b>
<b>T. C.</b>	<b>120</b>	<b>135</b>	<b>1.12</b>
<b>AVERAGES</b>	<b>63.0</b>	<b>125.0</b>	<b>2.45</b>

### Comparative Speed of Gastric Evacuation of Alka-Seltzer and Acetylsalicylic Acid Taken Subsequent to Alcohol

IN seeking to evaluate the scope of Alka-Seltzer as an agent for the relief of certain minor ailments, a logical sequence of laboratory and clinical studies has been conducted.

A brief summary of one phase of these experiments is given herewith.

Full details of this and other informative studies are being compiled in the form of an illustrated brochure which will be sent to interested physicians on request.

## CONCLUSIONS

After Alka-Seltzer the average time for complete evacuation of the stomach was 63 minutes.

After an equivalent dose of acetylsalicylic acid in the form of aspirin, the average time for complete evacuation was more than 125 minutes.

Therefore, the average time required for complete emptying of the stomach after aspirin was approximately twice the average time required for gastric emptying after Alka-Seltzer.

**MILES LABORATORIES, INC.**  
OFFICES AND LABORATORIES: ELKHART, INDIANA

# FACTS you ought to know about Pepsodent containing IRIUM

## No. 17

### Greater Cleansing Power

We believe that because of the special detergent, Irium, Pepsodent Tooth Paste and Pepsodent Tooth Powder provide a cleansing efficiency that can not be surpassed by any other safe dental detergent known to science.

•

## THE PEPSODENT CO.

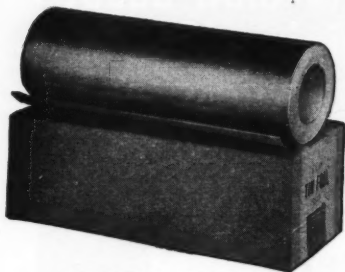
Professional Department  
The Pepsodent Co.  
6901 West 55th Street, Chicago, Illinois

8408

Send me ☐ Information about Abrasion Tests  
☐ Pepsodent Tooth Paste  
☐ Pepsodent Tooth Powder

(Please attach this coupon to your letterhead)

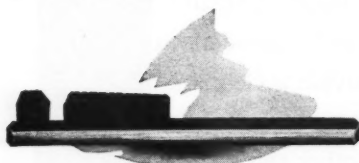
# If it's "Buffalo"—it's Better!



## BUFFALO TIN FOIL

Tougher than most foils to withstand stretching and burnishing over model and case. Supplied in rolls and books.

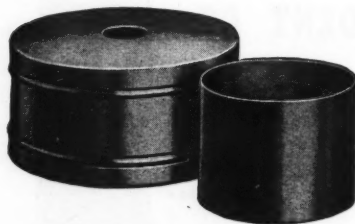
1½-lb. roll, .001" and .003".....	\$1.20
3-lb. roll, .001" and .003".....	4.70
Tissue Foil, per roll.....	.85
Book Foil, 4 to 60 gauge.....	.85



## NO. 3P PLATE BRUSH

First quality black bristles, four rows, in hardwood handle. Separate end tuft, as shown.

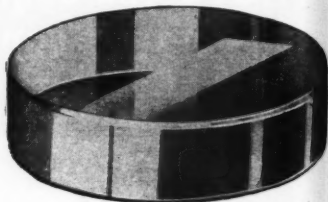
No. 3P Plate Brush.....	\$ .70
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## MODEL DUPLICATING FLASK

All brass with separate inner ring for duplicating small models. Used with any standard duplicating material.

Flask complete.....	\$1.50
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## ROUND CEMENT SLAB

Plate Glass, four inches in diameter, one inch thick. Beautiful and practical with no corners to chip off.

No. 7 Round Cement Slab.....	\$2.00
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## AMALGAM CARRIER

All metal, chrome plated to stand sterilization. Easily taken apart for cleaning. Smooth action, careful workmanship.

Buffalo Amalgam Carrier.....	\$1.50
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## BUFFALO PLASTER BOWLS

Lively high-grade black rubber. Made in the three popular sizes.

Small Bowl.....	\$ .40
Medium Bowl.....	.45
Large Bowl.....	.60



## TOOTH CLEANING BRUSHES

For Angle and Straight Handpiece. Solid tuft stiff porte polisher type, guaranteed perfect.

T.C. Brushes, per dozen.....	\$ .40
T.C. Brushes, per gross.....	4.00

**BUFFALO DENTAL MFG. CO. . . . Buffalo, N. Y.**

# There is often a *Lack of* Calcium in the foods your patients select



Squibb offers a product which supplies both calcium and phosphorus in balanced ratio plus enough Vitamin D to aid in their utilization.

Capsules are available in bottles of 100 and 1000; tablets in boxes of 51 and 250

During recent years, attention has been called to the need for calcium—and the lack of it in many of the common foods in the average American diet.

When the diet fails to meet the bodily requirement for calcium and phosphorus, the supplemental use of Dicalcium Phosphate Compound with Viosterol Squibb is indicated to provide these elements.

## USEFUL IN MANY CONDITIONS

In dental practice, Dicalcium Phosphate Compound with Viosterol Squibb finds a wide field of usefulness in supplying the increased calcium and phosphorus demanded for increased bone development during orthodontic procedures. It is used extensively during pregnancy and lactation, not only to prevent calcium deprivation in the mother, but to provide a sufficient amount for the child. The latter is important since calcification of deciduous

teeth and bony framework of the jaws begins in intrauterine life.

## TWO DOSAGE FORMS

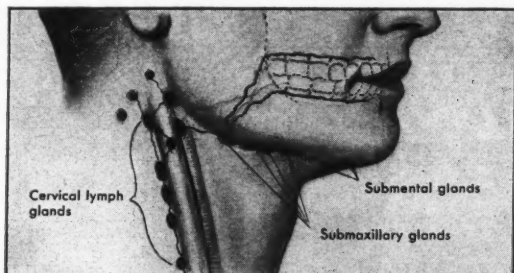
Dicalcium Phosphate Compound with Viosterol Squibb supplies calcium, phosphorus, and Vitamin D in therapeutically effective quantities. One pleasantly flavored tablet (or two capsules) contains 9 grains dicalcium phosphate, 6 grains calcium gluconate, and 660 U.S.P. XI units of Vitamin D. The capsules are useful as an alternative dosage form. Three tablets (or six capsules) is the usual daily prophylactic dose for growing children or adults. Three to six tablets will meet the requirements of pregnancy and lactation.

You are cordially invited to visit the exhibit — "Safeguarding Medicinal Products by Research and Control" — sponsored by E. R. Squibb & Sons, in the Medicine and Public Health Building at the New York World's Fair

For literature address the Professional Service Department  
E. R. Squibb & Sons, 745 Fifth Avenue, New York, N. Y.

# SQUIBB DICALCIUM PHOSPHATE COMPOUND *with* VIOSTEROL

TABLETS  
CAPSULES



CERVICAL LYMPH NODES act as reserve defense forces to check the further progress of bacteria from oral foci which may be about to invade the body. Due to lowered general resistance, however, even these effective barriers are often powerless to prevent systemic invasion.

## *Intestinal Flushing* MAY IMPROVE RESISTANCE

When treating oral foci of infection, the dentist often finds it advisable to aid the defensive forces of the body by flushing the colon of wastes which may contribute to lowered resistance. The FLUID BULK provided in the intestines by the action of SAL HEPATICA stimulates gentle peristalsis to quickly remove waste material from the bowel. Mineral salts of SAL HEPATICA help neutralize excessive gastric acidity and stimulate bile flow.

SAL HEPATICA resembles the action of famous mineral spring waters and makes a zestful, effervescent drink. Samples and literature gladly sent upon request.

### SAL HEPATICA

Flushes the Intestinal Tract and Aids Nature Toward  
Re-establishing a Normal Alkaline Reserve

## BRISTOL-MYERS COMPANY

19L WEST 50th STREET

NEW YORK, N. Y.





## A low-cost breakfast with a good nutritional balance

**A** SIMPLE and tasty breakfast that has both hunger-staying qualities and several needed minerals and vitamins is National Biscuit Shredded Wheat and milk. As the makers of National Biscuit Shredded Wheat (which is natural unmilled whole wheat, nothing added, nothing removed) we are recommending this in our advertising as a breakfast of good nutritional balance, especially when accompanied with fruit.

Our recommendation is based on the findings of a recent study of our product.

In two of these biscuits, plus a cupful of milk, the following essential nutrients are naturally present:

**CARBOHYDRATES.** Our product is 77% carbohydrates. Milk has about 5%.

**PROTEIN.** Our product is 10% protein. Milk has over 3%.

**IRON.** Our product is an excellent source, with .0034%. Milk has .0002%.

**CALCIUM.** Our product has .04%. Milk has .12%.

**PHOSPHORUS.** Our product has an excellent content, .42%. Milk has .09%.

**VITAMIN B<sub>1</sub>.** Approximately 120 Sherman-Chase units in two biscuits. One cupful of milk adds approximately 77 Sherman-Chase units.

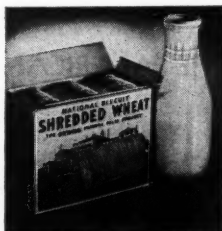
**VITAMINS A AND G.** Our product gives these vitamins in lesser quantities. Milk is rich in both of them.

**ENERGY.** In two biscuits and one cupful of milk are approximately 370 calories.

The addition of berries or fruit, of course, enriches the content of various nutrients, especially vitamins.

Here is an extremely low-cost meal, appetizing to the great majority of normal adults and children, which affords well-rounded nourishment. Unlike highly milled cereals, it goes far toward supplementing certain important and widespread nutritional needs. Also, the appetizing flavor, of which people never seem to tire, can be used to encourage increased intake of milk, which, surveys show, is far below the nutritionally desirable level.

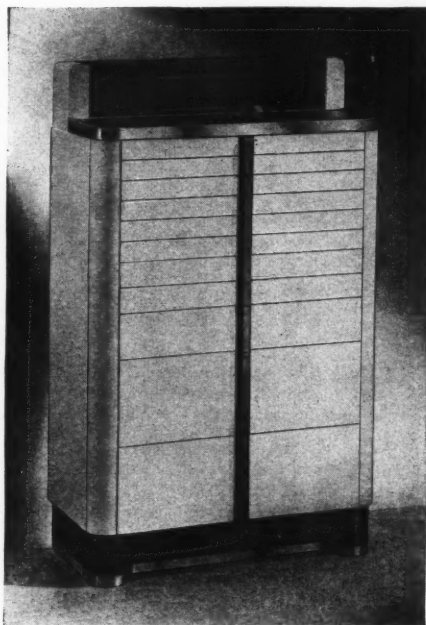
Through more than forty years in millions of homes billions of breakfasts of National Biscuit Shredded Wheat have been enjoyed.



National Biscuit Company

# New American Cabinet

*... with Roller Suspension Drawers*



No. 147 American Cabinet with ten roller suspension drawers.

Here is the new American Cabinet No. 147 with the easy-running drawers . . . the first dental cabinet to be equipped with full roller suspensions for the drawers. Each of the ten full-width drawers has this new mechanism that permits the drawer to glide in and out noiselessly and easily. Each drawer is full width of the cabinet and pulling out one drawer exposes eight glass instrument trays. The instruments can be arranged so that each drawer is complete for certain operations.

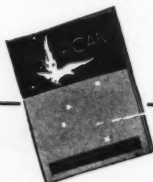
## Concealed Medicine Compartment

In this new cabinet, medicine bottles are kept out of sight when not in use. By lifting the cover, however, all bottles are exposed.

## Fully Described in New Catalog

The No. 147 Cabinet, with roller suspension drawers, is shown in the new American Catalog. Send in the coupon for your copy today.

**THE AMERICAN CABINET CO., TWO RIVERS, WIS.**



This new catalog fully describes the new No. 147 cabinet. Send in the coupon.

THE AMERICAN CABINET CO.  
Two Rivers, Wisconsin

OH-8-39

Send me full information on the new No. 147 Cabinet.

Name .....

Address .....

City..... State.....

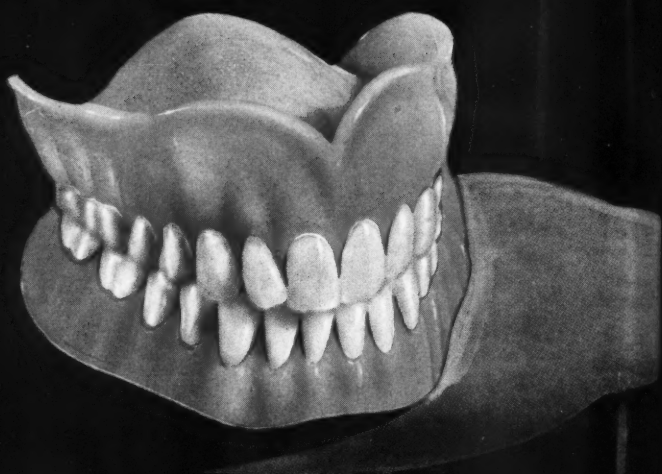
THE ERA OF  
EXPERIMENT

*Ends ...*

*Your Answer is*

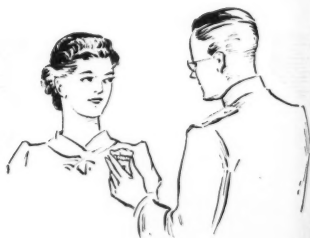
**CRYSTOLEX**

THE ACRYLIC RESIN  
DENTURE MATERIAL



Kerr Crystolex is a product of highest quality. It is manufactured in the U. S. A., and is a worthy member of the Kerr line.

**DETROIT DENTAL MFG. CO**  
Detroit, Michigan



## The Ultimate Denture Base is Here — Available — Proved in Nation-Wide Use

**L**ONG and insistent demand from Dentists—and patients—for a better denture material has at last been met. This new material is Crystolex, a development of the sensational new Acrylic Resin, Methyl Methacrylate, specialized for dental use and marketed by the Detroit Dental Mfg. Co. under its long familiar trademark, KERR.

As the Profession now knows, a Denture from this Acrylic Resin base is lighter, thinner and stronger than those from prior plastics. It is tasteless from the start and absorbs no food tastes. Its smooth, velvety surface resists the formation of film.


The Crystolex Denture is also free from warpage and brittleness. It can be easily rebased or repaired. Its strength, resiliency and color stability make it splendid material for partial as well as full dentures.

In color, Crystolex is a strikingly lifelike reproduction of healthy gum tissue. And this color is permanent. It neither fades nor darkens with use and time.

Lifelike appearance of a Crystolex Denture can be further emphasized by use of colorless, transparent Crystolex to produce an invisible palate.

To the patient, this Crystolex Denture offers so much more in appearance, comfort and trouble-freedom that only a few can be lastingly satisfied with anything less.

# CRYSTOLEX



## CORNERSTONE OF THE IMPRESSION EDIFICE

Progress continues steadily in the art of Impression-taking. Clever new techniques are coming into use to meet special conditions. But KERR Impression Compound remains today, as for many years, the cornerstone of the whole Impression edifice.

Your special technique may employ impression paste, hydrocolloid, wax or plaster. We supply them all in full KERR quality and value. But the first essential in your whole operation is the old reliable KERR Impression Compound, world leader for a generation.

We appreciate this confidence which the Profession has so long reposed in KERR Impression Compound. We will continue to safeguard that confidence with every possible precaution.

DETROIT DENTAL MFG. CO., DETROIT

**KERR**  
REG. U.S. PAT. OFF.

**IMPRESSION  
COMPOUND**

# Oral Hygiene

AUGUST  
1939

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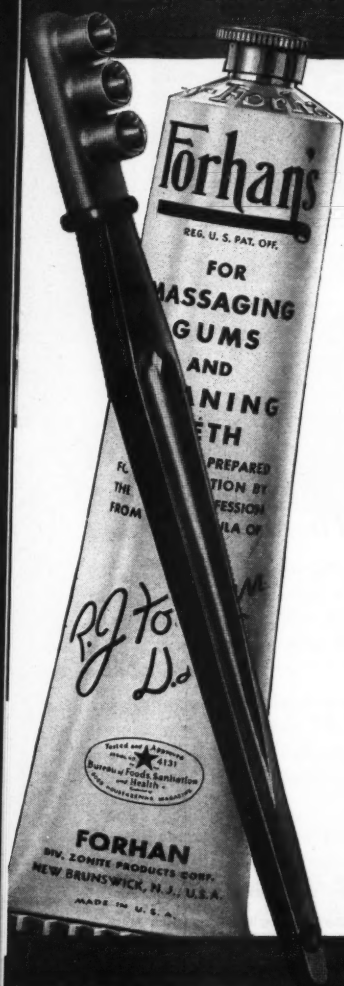
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# AT LAST!

A SAFE, EFFECTIVE, HYGIENIC METHOD  
FOR MASSAGING GUMS AT HOME



## FORHAN'S GUM MASSAGER AND INTERDENTAL STIMULATOR

- ✓ Invented and developed for Forhan's by a practicing dentist.
- ✓ Made with pure, natural gum rubber—it is smooth, firm yet flexible.
- ✓ It empties the veins of stagnant blood, relieves congestion and aids in the building up of resistance.
- ✓ It vitalizes both surface and interdental spaces of the gums.

### WE ARE SENDING YOU A COMPLIMENTARY MASSAGER BY WESTERN UNION

We would like to have you test Forhan's Gum Massager yourself, Doctor. So we are sending you one, and a tube of Forhan's Toothpaste, by Western Union—together with a booklet giving a full description of the Massager and a prescription pad for your convenience.

*Forhan Div., Zonite Products Corp., Chrysler Building, New York*

# FREE



## TO YOUR PATIENTS

The new Forhan's Gum Massager is *FREE* to your patients—with the purchase of a large-size tube of Forhan's Toothpaste. They pay only 39¢—the regular price of the Toothpaste alone . . . This combination available at all drug stores—for a limited time only

## CONQUERING THE FEAR OF PRICE

by JAY VOORHIES

WHEN A PATIENT DRIVES up to your office in a new model sedan; sheds a fur coat as she steps into your operating room; rests jeweled hands on the arms of your chair as you optimistically proceed with your examination—and then balks at your fee for rehabilitating an obviously long neglected mouth—don't lay it to frivolity and a lack of appreciation of the value of dental care.

Diagnose the economics of this case and you will discover that the patient has the car, the furs, and the jewelry because motor car manufacturers, furriers, and jewelers have made it easy for her to get them—and pay for them.

Dentistry's failure to make it easy to pay for dental service is,

in the opinion of Sherman C. Amsden, founder and president of Professional Service Credit Association, the reason why many dentists are starving in the midst of plenty. Of greater significance, according to Mr. Amsden, it is why the public is bending a receptive ear to dental insurance schemes and why talk of socializing dental and medical care is unopposed except by members of the two professions concerned. And their opposition is dismissed as being somewhat biased.

Mr. Amsden and Samuel A. Duskin, vice president of Professional Service Credit Association, do not claim to be the first to think of applying "easy terms" to the purchase of dental and medical service. They do claim,

however, to have given installment buying the refinements necessary for its application to dentistry and medicine and to have freed it from the commercial taint and hard-fisted tactics of the collection agencies and personal loan companies to whose tender mercies some dentists have been compelled to refer delinquent patients or those who required financing.

How Mr. Amsden, back in 1930, took the basic functions of a collection agency, personal loan company and finance corporation, added a dash of imagination and finesse and a keen understanding of the business problems of the dentist and physician, and evolved Professional Service Credit Association, is a story worth a dentist's knowing.

We propose to tell it here to show dentists how a systematic application of "easy terms" to payment for dental services, through a well-organized agency, can serve as a practice-builder and save the dentist the tedious and often unpleasant routine of working out installment payment plans and of collecting delinquent accounts. The Professional Service Credit Association is being used as an example because of the recognition it has received from organized dentistry through the New York Metropolitan area.


While the Professional Service Credit Association possesses many unusual features in its method of approach and in its relations with dentists and patients, there are several other agencies

of a similar nature whose services are available to the profession in financing and collecting accounts. Some of these other agencies are operating in territories not at present covered by The Association and are apparently giving most satisfactory service.

The Professional Service Credit Association performs the basic functions of a collection agency and finance corporation, but it is neither. In its technique of performing the functions of collecting and financing dental accounts, in its relations with dentist and patient, it has no counterpart other than a highly competent, diplomatic business associate and counsellor.

It would not be putting too much of a halo of idealism around The Association to say it is more concerned, primarily, with building up a member's practice than it is in its bread and butter activities of collecting and financing his accounts.

In fact, the outstanding accomplishment of The Association is that it has, in the manner of the most approved, modern sales technique, transformed the necessary evils of collecting and financing into practice-builders for the dentist, as they have been made business-builders for manufacturers of motor cars, radios, refrigerators, et al. Thus, unlike writers and lecturers on practice-building plans, unlike "givers" of practice-building courses—who tell you *how* to increase your practice but leave you to work out the application of their ideas



**Certificate of Membership**

TELEPHONE REGENT 4-1111



**The Association**

654 MADISON AVENUE, NEW YORK

*This is to certify that . . .*

is a co-operating member of The Association, extending the courtesy of convenient monthly payments to all patients who desire. Under this arrangement there is no delay in completion of treatment. The Association strongly recommends that all dental work be made in details without charge to the patient.

**Membership is the True Basis for Credit**

It is recommended by the Association that all patients get information regarding the Association's membership.

My name is \_\_\_\_\_ Age \_\_\_\_\_

☐ Married ☐ Single ☐ Widowed ☐ Separated ☐ Divorced

My husband's (or wife's) full name \_\_\_\_\_

My complete address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Telephone \_\_\_\_\_

**Agreement for Deferred Payments**

How long \_\_\_\_\_

Position \_\_\_\_\_

Superior \_\_\_\_\_

Name of the \_\_\_\_\_

Address \_\_\_\_\_

Life Insurance \_\_\_\_\_

My bank \_\_\_\_\_

My doctor \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

*In consideration of professional services rendered, I promise to pay to*

\_\_\_\_\_

or order, at the office of the Professional Service Company, 654 Madison Avenue, New York, N. Y., the sum of \$ \_\_\_\_\_ monthly remittances.

*I will make my first payment of \$ \_\_\_\_\_ on or before \_\_\_\_\_ and will continue to make monthly payments of \$ \_\_\_\_\_ until the total amount is fully paid. The holder is given the option and right to consider and declare any remaining balance immediately due and payable at one time if any of my payments are not made in accordance with this agreement.*



**The Association**

YOUR OWN  
*Physician, Surgeon, Dentist*  
EXTENDS THE CONVENIENCE  
OF MONTHLY PAYMENTS  
TO THOSE WHO  
**Order for Reception Room**

—The Association tells you *how* and also places at your disposal the means of making the “how” work. You pay nothing for the advice. You pay for the service in proportion to how much you use it; one might say, in proportion to the amount of new practice

The Association brings to you.

Recently I had the opportunity to sit in on a session at The Association’s headquarters in New York, at which Mr. Duskin explained the services of The Association and its methods to a group of dentists who had inquired

about membership. Some had sought membership because patients had inquired whether the dentists were members. Those patients had been informed of the opportunity to get dentistry on "easy terms" through The Association by friends who had had dental service from their dentists through this organization. Others among the dentists present had sought membership at the suggestion of confreres who were members.

None had come as a result of solicitation by The Association, because it does not solicit. Nor does Mr. Duskin try to "sell" The Association, unless a talk on dental economics and practice-building, which is so obviously sound in principle and application as to leave no room for argument, can be considered a sales talk.

Mr. Amsden organized The Association after a long and intimate acquaintance with dentists and physicians as proprietor of Doctors' Telephone Service or, as his service is known today, Telephone Answering Service. Administering such a service to dentists and physicians put Mr. Amsden in a highly confidential relationship to his clients. He necessarily had to know just where they were when they left their offices, so he could get in touch with them in an emergency. It was but natural, therefore, that his clients also confided their financial troubles to his understanding ear.

It required but little spade work for Mr. Amsden to dig up the

reason why dentists and physicians were standing around waiting for patients, while millions of potential patients were dragging themselves around longing for the care those dentists and physicians could supply. The reason was that existing conventions controlling the paying for such professional services had erected a barrier between the dentists and physicians and the rank and file of patients. Remove that barrier, thought Mr. Amsden, and dentists and physicians would be working overtime and the public would be receiving proper health service.

For instance, if a dentist is not a member of The Association, he is limited to four ways of handling financial relations with his patients.

1. Render the necessary service on an open account and bill for it upon completion of treatment. This is satisfactory with financially responsible patients. It is also responsible for uncollected and uncollectible accounts.

2. Cash in advance. This is a sure way to drive a prospective patient into a more lenient dentist's office, and is prohibitive in most cases. A patient who can pay in advance can, in most cases, be trusted to pay upon completion of treatment.

3. Cash and Carry. Under this plan the patient pays for work as done, the dentist hoping to keep the payments equal to the value of the time and materials put into the case. The trouble with this plan, outside of its reflection on

the patient's credit, is that it prolongs treatment over long periods, depending upon how rapidly the patient can accumulate enough cash for another treatment.

4. Suggest that the patient obtain a loan to cover the cost of treatment. That suggestion immediately calls up visions of loan sharks, high interest rates, co-makers, garnisheed salaries, and tough collectors, despite the fact that there are reputable lending institutions that offer such personal loans on equitable terms.

For the dentist, however, all of them are bad. Giving unlimited credit and hoping to collect will build up a practice, but how profitable that practice will be is another question. Setting a collecting agency upon delinquents is no solution. If they do pay up, the dentist who resorted to such drastic measures will never see those patients again.

The other devices to assure payment drive patients away by setting up a "sales resistance."

"If only," thought Mr. Amsden, "patients could walk into a dental office, get the necessary work done at once and pay for it on a basis that was easy and dignified for them and that would enable the dentist to get his money at once!"

That is what The Association was organized to do. And it has done it so effectively that today it serves 3,500 dentists, and some 1,500 physicians, and many hospitals. Since its organization The Association has financed dental and medical services totaling \$5,000,000. At the present time, it

is carrying \$500,000 in accounts receivable, representing some 5,000 patients and their dentists and physicians. It is a fair assumption that this represents about \$500,000 worth of practice that these dentists and physicians would not have had were it not for The Association, *because* Mr. Amsden does not seek, expect, or want accounts of patients with whom a dentist can work out his own financial arrangements. Use of The Association is advised to win new patients, to build up a practice, to avoid prolonging the treatment of old patients and to make it possible to give the type of service they require.

It is interesting to know, however, that many dentists upon observing how painlessly The Association's plan operates and how satisfactory it proves for all concerned, automatically suggest the plan to all patients with the exception of those who are entitled to the courtesy of an open account.

### Case One

What is The Association's plan? How does it operate? Let's take a case, whom we shall call Mrs. A.

Mrs. A enters your office. She is a new patient of whose financial responsibility you know nothing. Examination shows the need of considerable dental service, which you estimate at \$100.

Mrs. A is somewhat taken back by your fee, thanks you for the examination, and says she wishes to talk it over with her husband. Now it's evident that she realizes



she needs dental service and that she wants it—otherwise she would not have entered your office. "Talking it over with her husband" may mean she is going to shop around or that possibly she may forego the necessary treatment. But what would you give, at that moment, to close with Mrs. A?

At this point it is well to explain with much tact the amount and nature of the service to be given, its necessity, and the reason for a fee that is obviously more than she expected, or feels able to pay for in the conventional manner. You might also explain that delay should be avoided and suggest that, if the question of payment is disturbing her, it can be arranged to suit her convenience through our Association.

"Perhaps you noticed this little folder on the reception room table, Mrs. A," you will add. "It explains fully how our Association now enables you to pay for dental service in easy and convenient monthly payments *at no charge to you* and without all the unpleasantness associated with getting a loan, arranging for co-makers, and paying the carrying charges.

"Furthermore, our Association Plan makes it unnecessary to prolong completion of service as is necessary when a patient wants to pay for the treatments given. We dentists maintain this association cooperatively at our own expense for the convenience of patients who wish to extend payments for our services over a period of time. You can have just

about as much time as you need and make the payments about as small as you wish. But our Association pays us at once; thereby making it possible to finish treatment immediately.

"No doubt you, or Mr. A, have purchased an automobile, a radio, or home appliances on the monthly payment plan. Everybody has. Our Association Plan is the same *except* that you pay no interest or carrying charges, and I am in control of the account at all times. Furthermore, our Association requires no co-makers.

"All our Association requires is this agreement, made out on the terms you wish. If you wish to take advantage of this plan we can proceed with your treatments at your next appointment."

In the course of this talk you might have elicited Mrs. A's ideas on how she would like to pay and the amounts of the payments. If you have, you might then fill out the agreement part of The Association's form, and present it to the patient for signature.

On the inside of the form is space for a little financial "case history." Since Mrs. A is married, it is necessary to obtain information about her husband's employment, salary and so on, and a record of previous cases in which the family has sought credit for an installment purchase.

If the patient balks at giving this information about her husband, you should explain that "Our Association" positively will not check back with the employer,

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which is true. (A check is made with credit and finance associations but not with the employer.) The information is wanted merely as a matter of record, necessary in the case of a married woman. If the patient is a man, or a self-supporting unmarried woman, you obtain his or her record. Parents, of course, must execute the agreement for a minor.

The one thing Mr. Amsden and Mr. Duskin emphasize to dentists is *not* to rush matters. *Don't* try to get the patient's name on the dotted line before he has a chance to see and understand what he is signing; *don't* appear so anxious that the patient suspects a trap; *don't* mention carrying charges; and, above all, *don't* add The Association's service fee to your fee.

If the patient wants to take the agreement home, reply, "Gladly." But explain the agreement and the plan thoroughly, and attach the folder to it for home consumption. When the family digests the plan and begins discussing it, you may find it has brought you several more patients, who are relieved to find, at last, a dentist who will provide service on a basis that preserves their self-respect yet offers easy terms; on a clean-cut, business basis that smacks neither of charity nor of favor.

Well, Mrs. A signs the agreement and you arrange a series of appointments and start treatment. Then what?

As soon as the agreement is executed, you mail it to The Association, which immediately

makes a thorough check of the credit references. In 85 per cent of the cases that you send to The Association, you will get an "O.K." and instructions to proceed with your treatment. In 15 per cent (these percentages are based on averages) the patient or, in the case of married women, the husband, will be found ineligible. That means the person responsible for payment is financially "NG," or that his income is insufficient to meet the terms agreed upon. If the report is "NG," you are warned to give no service except on a cash and carry basis. If the ineligibility is due to the patient, or husband, biting off more financially than he is capable of masticating, The Association either suggests less expensive service or, more frequently, recommends a new agreement providing for smaller payments over a longer period.

Of the 85 per cent of patients whose applications for credit are approved, 98.9 per cent will pay out in full. Again, based on the experience of The Association in thousands of cases, 1.1 per cent will involve a loss of greater or less extent.

Since The Association's warning not to extend credit to the questionable 15 per cent means you should incur no loss there, unless you deliberately fail to get cash as the work progresses, and since all but 1.1 per cent of the approved patients pay out in full, The Association has made it possible for dentists to take virtually all comers and to proceed

at once with the indicated treatment without risk of financial loss.

Now, let's get back to Mrs. A and you. After The Association has approved Mrs. A's agreement (which is in effect a promissory note) a check for 50 per cent of the agreed fee is sent to you at once, an advance by The Association. This gives you working capital so you can proceed immediately. The balance of your fee, less The Association's service fee, is sent to you as soon as you notify The Association that services have been completed and accompany your notification with an acknowledgment of services rendered.

Should Mrs. A be an old patient whose credit standing you know, you can send her agreement to The Association, after you have completed treatment. As soon as her application has been passed, you will receive a check in full for your fee, less the service charge.

Another type of case deserves mention. Suppose an apparently prosperous patient presents, makes no mention of your fee, permits you to complete treatment and then brings up the question of paying you in installments. You may either handle such a case yourself, or you can suggest that the patient sign an agreement to pay through The Association. You then send the agreement to The Association and, if the patient's credit is approved, you will receive a check in full, less the usual service fee.

"But suppose," you ask, "that

patient is found to be ineligible?"

The answer is, you're still better off than you would be *without* The Association. The Association will still accept the agreement for collection. It will pay you as the installments are paid, write any follow-up letters needed to get the installments and, if necessary, "turn on the heat." This may involve personal interviews or, if you approve, legal action. Even in such a case, you stand more chance of collecting than if you or your secretary had to do the collecting and, short of legal action, you get all this service for the regular service fee.

#### Service Fee

By this time you are wondering what this service fee amounts to and what you receive for it. The Association's fee is 10½ per cent of the face value of the agreement for a six month's note; 12½ per cent for ten months; 20 per cent for twenty months. To get down to cases, say you send in an agreement for \$100. If the payments were to extend for a period of six months you would receive net \$89.50. If the agreement was to run ten months you would receive \$87.50; if twenty months, \$80.00. But remember, you *get* it; either all of it upon completing the work, or half of your total fee when you start work, and the balance of your equity in the agreement when the work is completed.

What do you get for this fee? First, you receive an accurate, fool-proof check on the patient's

credit which, in actual experience, virtually eliminates any chance of loss.

Second, the patient's account is financed for you, even to the extent of advancing 50 per cent of your fee as working capital as soon as you start work. Since, in prosthetic work, the actual outlay for laboratory work or materials rarely exceeds 50 per cent of a dentist's fee, that means you do not have to dig down into your pockets to pay for dentures which you may not be able to bill out for two or three months. Furthermore, the rest of your equity in the agreement is sent to you as soon as treatment is completed, even though the patient may not have paid more than one installment.

Third, The Association handles all the routine and detail of providing the installment payment books; of all the bookkeeping involved, of writing and mailing reminders, if a patient falls behind; and, if the patient becomes obdurate, of doing everything possible to force collection, short of going to court. And The Association *will* go to court for you, if you so order. But you must pay for any summonses, judgments, attachments, and legal talent required, at cost.

Actually, Mr. Amsden says, cases are rarely taken to court. Although The Association has found that the vast majority of people want to pay and will, if the agreement is made so that payments are within their means; although most patients who de-

velop a delinquency can be brought around by kind and sympathetic handling, The Association can, when conditions warrant, peel off its kid gloves and put on the mitts.

But, by the time The Association has exhausted its bag of tricks, and court action is all that's left, the account has been worn down to the point where legal action is hardly indicated. And again you are better off, because you would not be able to collect as much as The Association did and continue to practice at the same time.

This brings up the question of what happens to you and the money that has been sent you on account when it does default. Many dentists seem worried, Mr. Amsden points out, lest they get a peremptory order from The Association to remit at once. But it has a gentler way—the amount in default is merely deducted from the next payment it sends you, and the service charge adjusted.

Fourth, The Association sends you each month a report showing the status of every active account you have with it.

Fifth, your ability thus to extend the convenience of deferred payments to virtually any patient who desires them enables you to lift the bar that is now keeping hundreds of patients out of your office.

It is in view of all these services the dentist receives for The Association's service fee that Mr. Amsden is so emphatic about you

not seeking to cover that fee in your fee. The service fee, he says, should be absorbed as overhead, for it is in the same category as secretarial or bookkeeping services. It is a legitimate "cost of doing business." Would it, for instance be worth \$200 to you to increase an \$8,000 gross practice to \$10,000 by the simple expedient of extending credit? This \$200 amounts to 10 per cent on the new practice obtained, but a mere 2 per cent on the gross practice.

When one looks at the \$350,000 in dental accounts receivable, which The Association is now carrying for a thousand-odd active dentist members in the New York Metropolitan area, he begins to see the potentialities of deferred payments, if they could be made available to every dentist in the country. Mr. Amsden is anxious for the day to come when that will be true.

The Association is now covering about as wide a territory as it can, efficiently and effectively from New York. That territory em-

braces the immediate New York Metropolitan area plus nearby Connecticut, all of New Jersey, Long Island, and Philadelphia. Mr. Amsden is considering the feasibility of opening one or two branches in key cities. These must be centers of wide trading areas if The Association is to be able to get the benefit of local credit checking agencies that form so important a part of its set-up.

Mr. Amsden is so much interested in furthering the gospel of installment payments for dental service that he even expressed a willingness to train and educate any group interested in setting up an association similar to his Professional Service Credit Bureau. His only stipulation was that the group be willing to reimburse The Association for the time required to acquaint them with the system and details of operation which he has worked out over a period of nine years.

220 West Forty-Second Street  
New York, New York

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## THE COVER

ORAL HYGIENE's cover illustration this month, a Kodachrome photograph by Homer Sterling, was taken at Epworth Woods Camp, located north of Warrendale, Pennsylvania. The camp is conducted for underprivileged children, regardless of race, creed, or color. This is the second natural color photograph which ORAL HYGIENE has used for a cover illustration. The first appeared on the May cover.

# ALPHABET SOUP FOR DENTISTS

by WALTER H. JACOBS, D.D.S.

ONE OF THE FIRST intimations we have that there were fellows saying, "Open wider please," is when Herodotus (500 B.C.), an early news commentator and travelogue expert, recorded that the Egyptians at that time had "doctors" who specialized in diseases of the various parts of the body, with one crowd ganging up on the teeth. There have also been found, thanks to archaeologists poking about the ruins of old homesteads, "false teeth" and bridges that go back to the time of the Etruscans and Phoenicians. So that the howl of the pack, "But they come down when I chew apples," and, "They only feel good when they are in a glass of water," is nothing recent. Even the pre-Columbian Indians of South America and Mexico were inserting gold and jade inlays in anterior teeth, which may have been the "come on" in those days that compares with our present day lipstick, rouge, and mascara. In other words, while we like to feel that dentistry has made rapid strides in the past few years, the gentle art of enamel excavating has been going on since the first cave man surgically removed his own aching molar by wacking his conch with a dinosaur bone ele-

vator. (Very likely he was the first to name an instrument after himself too!)

Now, the interesting part is that, during all this time, the boys never did seem to get together, that is, professionally. A bunch may have met every couple of weeks in their favorite tavern, "YE BUSTED ROOTIE," at the cross-roads. And no doubt they discussed which of the local wenches has "what it takes," or which township does not look with favor on tooth manipulators, because it was well known that these lads could open an abscess with one hand and a pocketbook with the other! At any rate, no dental historian has been able to dig up any records of these meetings. Not till we get way up to 1834, when the Society of Surgeon Dentists of the City and State of New York was formed do we have any records of the first real dental combine. No doubt some of the men joined up because their families refused to listen any longer to the battle cry, "Say I had a case today, and on and on." Also it may have been a sure "out" once or twice a month that the good woman at home could not really oppose. Then again, one might pick up a

new trick or two concerning the latest methods in denting dentine. Anyway these society pioneers of '34 started something. In 1840 came the American Society of Dental Surgeons, in 1844, the Mississippi Valley Association of Dental Surgeons, and then the deluge! The jam had started and carried right along up to today.

At first these dental societies held regular dental meetings where anything might be talked about, from pushing back a too-prominent central on little Tilly to removing a stray shot in the mandible that Uncle Jasper picked up at Gettysburg. Just after the turn of the Century the bunch interested in correcting irregularities of the teeth realized that they had something. "Straightening teeth" sounded too vulgar anyway, even if it was what was being done, so some wise guy hit upon "orthodontia" and then they "went to town." In a short time they had their own separate societies, and so began the *Era of the Great Sub-division*. The Surgeon, the Full and Partial Denture men followed—and today we are having a grand time with the pieces of what was once a swell profession! It has come to the stage where every time two dentists meet and exchange cards, a new dental society is formed. And thus we have groups interested in periodontia, anesthesia, photography, get-rich-quick dental economics, the temporomandibular joint, and even history.

After a while somebody discovered that the ordinary D.D.S. after his name did not quite fill up the stationery letterhead, so he started a new society and tacked on a few extra letters and nonsense after the normal D.D.S. And it was not long before they had more trick titles than a maharajah, and more degrees than a thermometer.

This tribe, of course, make up our own *Dental Glamour Boys*! One group call themselves, "Fellows," others are called, "Diplomats," and still others, "Academicians." If only they would come out in some fancy dress outfits to go with the names, they could give the Elks, Shriners, and American Legion some real parade competition.

Of course the formation of these new honorary, professional, and specialty societies is a great thing. First, it fills out the pages of dental literature with real material. As a rule half of the papers are now taken up with phoney handles, fake honorary degrees, and self-imposed trademarks of superprofessional ability. In other words, instead of a man writing the usual long, dry, and uninteresting trash that no one bothers to read anyway—he has now only to write half of it. The gorgeous alphabet after the name takes care of the other half of the paper. Second, it does away with professional snobbery and allows each man to be his own president. Because the more organizations, the more officers are necessary. And even if a new member





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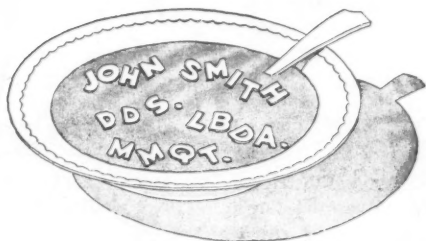




has to be content to hold as his first job that of third moral supporter to the second sergeant at arms, he can still go back to his office and proudly declare himself to be an officer of the society. And if he will only stick around a couple of years (and if the society will do the same) he may work his way up to be the fourth vice-president or maybe even president! And then won't his friends, lodge brothers, patients, and supply men be impressed? Anybody, it seems, can be just a dentist, D.D.S., but to be a "Potentate Extraordinary of the Society for the Diagnosis of Incipient Caries on the Lingual Surface of the Lower Left Lateral Decidu-

ous Incisor," (P.E.S.D.I.C.L.S.L.L.-L.D.I), boy, that's the nuts! And, finally, another reason this fake title racket is great is because we are so closely aping our mother profession, Medicine. For when it gets to the stage when a left eye man will not treat disorders of the right eye, then it is just as well that we as super-dentists can exclaim, "Sorry, Mrs. O'Dontoblast, your decay is on the upper right first bicuspid, and I am a lower-left-first-molar man. See," we will say, pointing to the scroll upon the wall, containing our name followed by the letters, L.L.F.M.M.!

124 West 93rd Street  
New York, New York.



# Harvard Ends Dental School

## After Seventy Years

by CHARLES M. PROCTOR, D.M.D., Sc.D

DENTISTRY HAS COME to the crossroads. Harvard University has stepped out of line in an attempt to elevate the professional status of the practice of dentistry.

For over seventy years Harvard University, through its dental school, has stood for the best in dental education. It has been in the vanguard for the advancement and progress of the profession. President Conant has now announced, and the announcement has been confirmed by the Board of Overseers, that beginning this fall the Harvard Dental School will cease to exist. All candidates contemplating the study of dentistry must first enroll and qualify by acquiring the degree of Doctor of Medicine before entering upon the study of dentistry. The objective of the course in dentistry will be, not to train men for the general practice of dentistry, but to create specialists in oral surgery, dental pedagogy, public health service and active workers for research in dentistry. If a man desires to go into general practice, he will be required to take an extra year, equivalent to the internship of the Doctor of Medicine. As most of the students enrolled at the Harvard Medical

School are men holding the A.B. or B.S. degree, to graduate in dentistry at Harvard, would mean a requirement of four years of academic work, three and a half years in medicine, one and a half years in dentistry, or a period of nine years. The student would then have received the degrees of A.B., M.D., and D.M.D. If the candidate desires to enter general practice, another additional year will be required, thus making ten years of preparation for anyone desiring to enter upon the practice of dentistry. All of which leads up to the question, "Why should a candidate in dentistry, if dentistry is to be developed as a specialty in medicine, be compelled to acquire two degrees when it is not required of any other specialty in medicine?"

It is reported that some years ago the question of awarding additional degrees to men who had become recognized specialists in the various fields of medicine, through additional professional studies, was much discussed at a meeting of the Board of Overseers at Harvard University, and that the then President Lowell was most emphatic against the conferring of such degrees, his

argument being that it was inconsistent with good academic practice to create a multiplicity of new degrees for the various specializations in medicine.

### A Noble Experiment

Of the many strange experiments that have been undertaken in the field of higher education in dentistry, we find in this one so much that is idealistic and seemingly impracticable, that immediately considerable consternation prevailed among the alumni of the Harvard Dental School, because of this contemplated change in the teaching program. They see in it the abolition of their Dental School—an irretrievable loss. One hears such comments as: "The death of our Alma Mater." "Why pass into oblivion one of the oldest and most outstanding of the dental schools of the country?" "It is the tearing up by the roots of a century of advancing professional effort." "How can one be taught to teach dentistry except by a training obtained at a dental school?"

The reaction to the Harvard Plan seems to be that it is too drastic, too idealistic; that instead of coordinating to establish a homogeneous relation with dentistry, its aim would seem to be to obliterate dentistry as a profession. The announcement has, therefore, developed overnight a discouraged and antagonistic alumni, as well as a critical attitude among the practitioners of dentistry in general.

The Plan is not without an element of danger in the breaking down of the reparative and reconstructive program of dentistry, by advocating the training of less competent persons for general dental service through eliminating from the curriculum these essentials of modern dental training.

Progress is sometimes made by experimenting with extremes. Whether the Harvard Plan succeeds or fails, it will at least develop a controversial issue among dental educators. It focuses attention more sharply upon the difference of opinion as to what the interpretation of the biological concepts of dentistry should be. Out of the Plan may come some really practical application of the biological concept in dentistry. Up to now this has consisted mainly of an idealistic idea, much discussed, but there has been little advance toward its practical application through coordination in the various divisions of the fundamental medical sciences pertaining to the practice of dentistry. The forward thinking man in dentistry would be in hearty accord with such a phase of the Plan.

There seem to be several inconsistencies relative to the program as reported by Charles E. Folsom<sup>1</sup> in the *Boston Post*. He quotes:

No instruction in the mechanics of practicing dentistry, such as filling and pulling teeth, making plates of

<sup>1</sup>Folsom, C. E.: Harvard Dental School to be Closed, *Boston Post*, (May 18) 1939.

RVARD COLLEGE  
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1782

1817

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1940  
DENTAL SCHOOL  
ABSORBED BY  
MEDICAL



false teeth and bridge work will be given.

Those of the graduates who desire to practice their profession actively rather than serving as professors of dentistry or consulting experts, will have to get their practical training as interns after graduation, just as medical doctors are now required to serve an apprenticeship at hospitals.

Whereas now the ordinary dentist is not an Oral Surgeon, all of the graduates in dentistry under the New Harvard Plan will be qualified to practice as such if they choose the path of surgery for their life work.

Mr. Folsom further states:

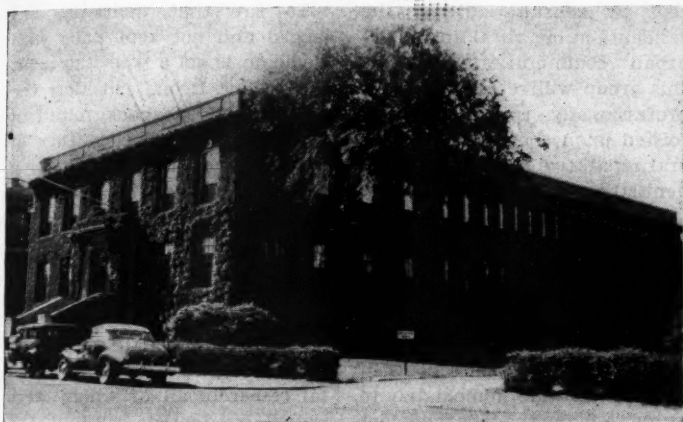
Having as its object the study of the causes of dental ills and tooth decay and their eradication, the program has won the interest and support of leaders in the medical profession.

To say that a graduate in medicine is the only person really qualified to practice oral surgery seems rather presumptuous. One has only to recall that the outstanding work of Kazanjian in facial-maxillary surgery, which established his reputation as an oral surgeon, was all accomplished when he possessed only a dental degree. Thoma, recognized as an authority in oral pathology and oral surgery, has no degree in medicine. Mead of Washington, Miller of Chicago, Hume of Louisville, Blue of Birmingham, Connor of Atlanta, and many other men, not graduates in medicine, have proved their operative skill and ability in oral surgery, and have amply demonstrated that it is not necessary to acquire the degree of Doctor of Medicine in order to

practice oral surgery successfully.

If the extraction and placing of restorations in teeth, together with the reconstruction of the masticatory function through replacement of loss of teeth by artificial appliances, constituting approximately 90 per cent of what is known as the practice of dentistry, are eliminated from the dental curriculum of Harvard University, the question naturally arises as to what instruction is to be given to qualify one as a teacher of dentistry or as a research worker in dentistry. Is it to be 100 per cent medicine? If so, it would appear to be an assault on the science of dentistry. Surely no one today can say that there are no biologic principles pertaining to the placing of restorations in teeth, diagnosing for their extraction, and in the reconstruction for the loss of dental tissue. Therefore, to train men in dental pedagogy, dental research, or as specialists in the various branches of dentistry, other than in oral surgery (for which one may be trained fully through the field of surgery without reference to a dental training, although a dental training is of material advantage), seems, to say the least, to be utterly fallacious. The present dental curriculum is fundamentally sound, and no university school can adequately train its students for teaching dental pedagogy or dental research without the advantages of the regular dental curriculum.

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*Harvard Dental School, 1867-1940.*

Likewise the biologic aspect cannot be divorced from any part of the general practice of dentistry. Only men trained in the principles of biology are qualified to render any dental service to the public. To foist upon the public anyone less trained, would surely bring condemnation upon the profession, and justly so.

Dentistry today has absorbed a great deal of medicine. The dental training for the last decade has produced men who have an appreciative sense of the biologic conception of the fundamentals as well as of the relation of dentistry to medicine, primary though it may be.

The experiment is not without its limitations, especially in relation to the social order.

"The Committee on the Costs of Medical Care, enlisted in the

term of Medical Care: The private practice of a physician, dentist, nurse and other individuals and the work of all types of Medical and Public Health Agencies."<sup>2</sup>

The Governmental controversy with medicine (and indirectly dentistry) now being waged in regard to services and lower fees, would seem to be the antithesis of the Plan as advocated.

It is a known fact that the specialist of medicine and dentistry stands above the general practitioner in his charge and collection of higher fees, which fact does not seem to appeal to the authorities in Washington.

The specialist can only exist in the populous centers. This Plan can be of little value, ex-

<sup>2</sup>Blauch, L. E.: *Relation Between Dental and Medical Education*, J. A. D. A., 22: 1865, 1935.



cept by consultation, for the residents in our rural and inter-urban communities. Certainly this group will rebel if any less professionally trained man is foisted upon them for the general reparative work required in dentistry.

It would seem, therefore, upon the face of it, that the Plan has little of direct social value and probably will antagonize those who see dentistry as too expensive and in many cases a luxury.

If all of the dental schools in the country were immediately to swing so far to the left and adopt the same plan, it is easy to see that it would not be long before there would be an inferior grade of dentistry rendered to the people of America.

Until the program has proved itself to be of practical social value, it is certainly to be hoped no other school will side step the present curriculum. After all, the welfare of society is the real consideration of professional service, and what affects its immediate well being is the primary factor in the relationship between society and any professional activity.

### Research in Dental Science

Mr. Folsom<sup>1</sup> further quotes:

Advocates of the plan claim that research in dental science has lagged and that, while causes of sickness have become known and cures evolved, the advance in dentistry has not kept pace. The elevation of the dental profession to supply a want not reached under present educational systems is its declared object.

To say that dentistry has lagged and not kept pace with medicine, is not a true statement of the fact. If one considers the centuries of the background of medicine to the one century of the practice of dentistry as a profession, it can be truly said that the science of dentistry has made as good a showing for itself as has medicine.

The February, 1939, issue of the *Journal of Dental Research*<sup>2</sup> has in it seven articles, reports of problems that pertain to dental research, all of which were signed by dentists without the medical degree with the exception of one collaborator, M. L. Tainter, a physician of San Francisco.

As to research in dentistry, the past decade has demonstrated a marked advance by grants for various problems pertaining to dentistry. Among the specific achievements are these: the publication of the *Journal of Dental Research* founded by Doctor William J. Gies in 1919; dental research fellowships at University of Rochester and thirty-one other university dental schools; and the publication of articles of research in almost every dental magazine—all of which would seem to refute any intimation that dentistry is lagging behind in research. The American Dental Association alone, through its Research Commission, distributed during the past year grants of \$15,500. Of

<sup>2</sup>Journal of Dental Research, Vol. 18, (February) 1939.



course \$500,000 could have been put to good account if the sum had been available.

We find, too, according to a report of the Committee on Dental Research, in the *Journal of the American Dental Association*,<sup>4</sup> February issue, 1939, that thirty-two universities are actually contributing to problems of dental research; that eighteen schools have set up budgets for dental research. In general, \$148,000 is being expended annually by dental schools for research.

Roughly, the research projects may be classified under the following general headings: dental anatomy, 6; treatment, 17; chemical problems concerned with dental materials and drugs, 14; endocrines, 6; physical problems concerned with dental materials, 21; dental pathology, 22; dental and systemic relationship in disease, 6; chemical properties of dentifrices, 1; nutrition and growth, 19; properties of saliva, 5; dental histology, 3; dental bacteriology, 9; physiologic problems in dentistry, 4; mouth odors, 1; physical problems concerned with dental practice, 10.

In the May issue of the *Journal of the American Dental Association*,<sup>5</sup> the Council on Dental Education has set forth the aims and purposes of a forward-looking program, which would seem to refute the statement that the profession of dentistry is lagging in any degree and is not seriously considering its educational problems. This report bore the signature of every member of the

committee, among which was that of Dean Leroy M. S. Miner of the Harvard Dental School as Vice-Chairman.

### Similar to Owre's Plan

On October 24, 1921, Doctor Alfred Owre<sup>6</sup> wrote in a letter to Doctor William J. Gies:

I think "dental" education—badly misnamed—should branch off somewhere from the tree trunk of medical education, a tree which has for its roots preliminary training in mathematics, physics, biology, chemistry, a foreign language, and English Composition. It should have the same relations to the parent stem as does the study of other regions—e. g., brain and nervous system, eye and ear, nose and throat, chest and heart, etc. The specialist in the oral region should have the same standing as the specialist in any other region. His work is as essentially vital, involving vital tissue, and requiring thorough biological knowledge for its proper practice. This is the fundamental necessity—to train specialists in the mouth region, capable of diagnosing and prescribing for ills of the mouth. It were as logical, as you have pointed out, to require an eye specialist to make all eye glasses for which he writes prescriptions as to expect the oral specialists to fill, clean, or otherwise mechanically treat all teeth his diagnosis finds faulty.

It is possible to train men for the mechanical work in a much shorter time than is required for the oral specialist, and in much greater numbers. The (former) should work only under direction of the (latter). Your analogy of the oculist and the optometrist is obvious.

In a review of the biography of Doctor Alfred Owre, appearing in the May, 1938, issue of the *Journal*

<sup>4</sup>Report of the Research Commission American Dental Association, J. A. D. A., 26:295 (February) 1939.

<sup>5</sup>Editorial, The Council on Dental Education, J. A. D. A., 26:797 (May) 1939.

<sup>6</sup>Wilson, N. W.: Alfred Owre, Dentistry's Militant Educator, University of Minnesota Press, Minneapolis, page 64, 1937.

of the American Dental Association,<sup>7</sup> we read:

Alfred Owre was a man of strong convictions and with the courage to fight for them under the most unfavorable conditions. And in his endeavors to impress, not to say force, his ideas of dental education upon his colleagues, he fully justified the sobriquet of "dentistry's militant educator." In fact, he was so militant and so strongly convinced of the worthiness of his cause that he not only hurt his cause, but also alienated many of his closest friends and, too, brought about his virtual isolation from those whose help was most essential to forwarding his ideals.

One wonders if this will happen to the advocates of the Harvard Plan, too.

Upon the face of it, the Harvard Plan seems to be very much a resurrection of the plan of Doctor Owre. Of Doctor Owre's plan it may be said that the dental profession was in accord with his ideas relative to the preliminary educational requirements. They have become a fact during the past decade. It was only when he so strenuously advocated the practice of dentistry purely as a specialty of medicine that the opposition developed into such an overwhelming force. It is to be hoped, however, that if a controversy does arise about this matter, it will not produce the acrimonious debates and personal attacks that became so bitter during that controversy.

While Doctor Owre lived he saw dentistry at its worst period. Since his death the science of

dentistry has moved rapidly forward and has come much nearer the high standard he set for it. His effort was not without avail. I am not so sure but Doctor Owre, had he lived, might have become reconciled to dentistry continuing on as an independent profession. For, on page 288 of his biography, ALFRED OWRE, DENTISTRY'S MILITANT EDUCATOR, the author quotes from an unpublished paper written about 1932 that "Dentistry is emerging with honor from a war for humanity. It has begun to wipe out many conditions producing inferior dentists and has increased its capacity to serve humanity. Public interest and support will maintain further progress." Now, eight years after this was written, we know that the science of dentistry is taking upon itself full responsibility for a very active forward movement of research and for a high professional morale, and can safely be relied upon to work out its own destiny.

Harvard University, because of its standing, can perhaps demonstrate the worth of such a plan better than any other educational institution. If it succeeds, it will be gladly accepted by the dental profession. If it fails, even dentistry will not have lost much during the trial of this noble experiment.

Dental historians may see in this program that Harvard University desires to seek to amend what medicine did a hundred years ago by, at that time, divorcing dentistry from medicine.

<sup>7</sup>Alfred Owre, *Dentistry's Militant Educator*, Book Review, J. A. D. A. and Dental Cosmos, 25:839 (May) 1938.

In the beginning, dentistry wanted to be a specialty of medicine, but medicine would have none of it.

The science of dentistry has really become a fact through the efforts of the men within its own ranks. During the past few years dentistry has with dignity acquired a much closer relationship with medicine, because of better trained men and through a more intelligent demonstration of co-operation on the part of both medicine and dentistry. There is no reason why this relationship

should not continue toward a closer coordination of the problems of dentistry and medicine without marking *finis* to dentistry as a profession. I am sure that this will never occur. Dentistry will never surrender the heritage it has acquired. We are living in an age of transition—for dentistry that transition is ever onward and upward to retain its identity as a distinguished and humanitarian profession.

19 Bay State Road  
Boston, Massachusetts

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#### FEDERAL FUNDS BRING REFRESHER COURSE TO KANSAS

WITH THE AID OF federal funds allocated for the purpose by the U. S. Children's Bureau, the dental hygiene division of the Kansas State Board of Health was able, this summer, to offer to every Kansas dentist an opportunity to take a one day refresher course without cost. Lectures for the course were given by Doctor John C. Brauer, professor of pedodontia at the University of Iowa, in ten strategically located cities to which all dentists had easy access. In making arrangements for the course, Doctor Leon R. Kramer, director of the dental hygiene division of the state board of health, was assisted by the Kansas State Dental Association and other official dental organizations. According to Doctor Kramer, the refresher courses met with enthusiastic response from more than 60 per cent of the practicing dentists of Kansas.

# PEGGING THE PATIENTS

by MARGUERITE McCLAIN

THE CHANCES ARE that that bright young chap on the corner who fills your gas tank every too often thinks you, Doctor John Doe, are a pretty swell sort of a fellow. A little steep at times, but then—maybe running a modern streamlined service station is a cinch compared with manning an up-to-date mouth clinic. At least if the testimony offered by Joe, our corner filling station operator, runs true to form.

"Sure," he said, industriously polishing my windshield, "good teeth are important. People nowadays demand a smiling personality for their money. Like this—" The flashing smile that Joe gave me was easily worth a dime of any man's money. "Plain service just ain't enough . . ."

It sounded like the beginning of the ten commandments for filling station attendants, so I headed him off. "Do you like to go to the dentist?"

His grin was rueful. "Can't say that I do. Besides hurtin', Doc always nicks me for plenty. Not that I blame him. He's got a big place to keep up—like I got. He's a swell fellow too. Says if I'd come oftener it wouldn't cost me so much. But you know how it is . . ."

I accepted his vague explanation. "If you could pay a little bit each month out of your salary, with the guarantee that this would take care of all of your dental work, would you do it?"

"Why sure, if it wasn't too much."

"Would you pay fifty cents?"

"Oh sure."

"A dollar?"

Again the grin wavered. "A dollar? Let's see, twelve bucks a year . . ." Evidently Joe was trying to recall his last dental bill. "No, I don't think so. But fifty cents would be okay."

In my first interview I had learned the down-to-earth truth: people with good teeth, like Joe's, aren't especially in favor of dental health insurance; people with retarding tissues and crumbling molars and hallucinations of yawning dental bills before them are decidedly for it, at a reasonable cost, of course.

It was time for my appointment at the beauty shop. I slipped into the inevitable chromium chair and faced the inevitable movie star poses precisely at ten.

"I've sort of a toothache." (Under the inevitable rubber apron I crossed my fingers.) "Know of

any good dentist around here?"

The operator beamed. "There's my dentist, right across the street. And he's good. Nothing fancy, you know."

I raised a wave-lotioned eyebrow. "What do you mean, nothing fancy?"

"Well, I mean, everything's simple and nice. The office, the furniture . . ."

"How about the dentist?"

Agnes giggled. "Oh, he's swell. Reasonable too." Agnes waved her comb in earnestness. "It's like this. You go to one of those tony down-town offices, and you pay twice as much, half for the work, half for the atmosphere. Do you think," the comb came perilously near to my nose, "that if I was paying high rent for a fancy establishment, I could give a shampoo and wave for seventy-five cents?"

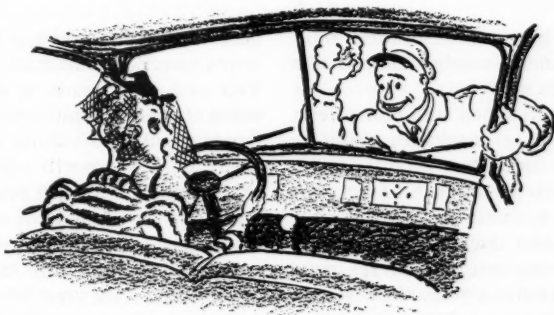
I ventured rather feebly that

some shops charged even less.

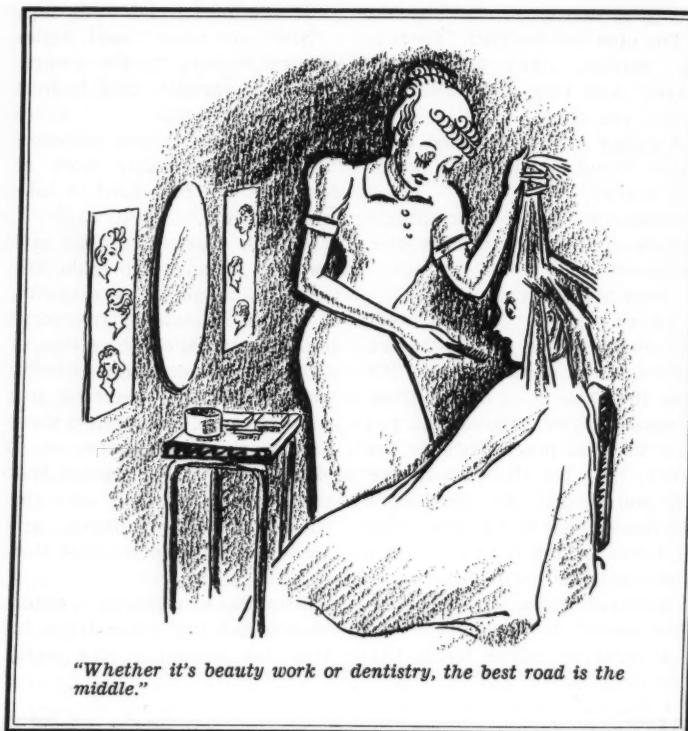
"Now you come," said Agnes with conviction, "to the dumps. Cheap equipment, half-trained girls—it's like this . . ." Agnes summed it up in one sentence. "Whether it's beauty work or dentistry, the best road to take is the middle."

My hair plastered rigidly into scallops, I decided to make the morning complete by dropping in on my old dancing teacher. I found her perilously astride of a ladder, hammering enticing views of daintily dancing tots onto the walls. I eyed these views with a cold heart. Years—oh, so many years ago—I learned that the world is divided into two parts—those who dance, and those who, by the grace of God, don't.

Jean was in raptures. A sister-in-law had just presented a future tap dancer to the world.



*"People nowadays demand a smiling personality for their money. Like this . . ."*



"Had hospital insurance too," Jean added sagely. "Helped like the dickens."

That was nice, and didn't Jean think dental insurance would be just as nice?

"No, that's different. A hospital bill is a small fortune to most folks! And they can crop up unexpectedly too. If you see your dentist twice a year, like the good book says, your bill won't be so high that you can't plan for it in your budget. Besides," Jean knocked a nail in with ven-

geance, "you've always got to count on good old human nature. You said fifty cents a month? Some chiselers would pay for six months and then yell for a hundred dollars' worth of gold bridgework . . . They'd get it too, and the rest of us poor suckers would pay for it.

"A standardized rate for dental work? Not on your life. Competition is the life of business—any business. Do you think I'd kill myself the way I do if all I could get was fifty cents for a



private lesson, same as that little chit down the block gets—who doesn't know a triple time from a buck and wing? When things get to that stage . . . "

But by this time I had gotten to the door, feeling slightly, just slightly, worn out.

It was nearly noon, a good time to catch a stray bread-winner at leisure. At the corner drug store I snuggled into a booth with a clerk from the neighborhood dry-goods store. She smiled at me affably enough over a breaded pork chop. By now I was adept at turning the subject, any old subject, into properly toothsome channels.

The girl—I may as well call her Mae—slowly swallowed her pork chop, then obligingly parted her lips.

"What," she asked, "do you think of my teeth?"

I replied, honestly enough, that they looked very nice.

Mae returned to her meal. "All false."

I was astounded. "All of them?"

"From here to here." With her finger she described an arc which carried from bicuspid to bicuspid. "Upper and lower. And for three years I wore braces on all of my back teeth."

"Would you mind telling me how much that work cost you?"

"About a thousand—it cost Dad, not me. I was still little." She looked vaguely grateful for that fact.

"My goodness. Do you think it was worth it?"

"Worth it?" She frowned at me

over her salad. "Can you imagine what I'd look like, otherwise? Of course it was worth it."

"Then you don't think dental work is too expensive?"

"Well, sometimes. For example, the dentist I'm going to now charges a dollar a trench mouth treatment. Don't you think that's a lot?"

(Illogical? Maybe. But so help me, that's what she said.)

I tried the good, old Irish trick of answering one question with still another.

"Would you like it better, then, to go to one dentist knowing he was charging exactly the same as every other dentist in town?"

"That seems fairest to me. Heaven help us if a woman finds she has paid a dollar twenty-nine for a sheet she could have bought for a dollar nineteen somewhere else. Well, I'll have to rush—sale on, you know."

"I thought your prices were fixed."

She grinned. "Sales are different."

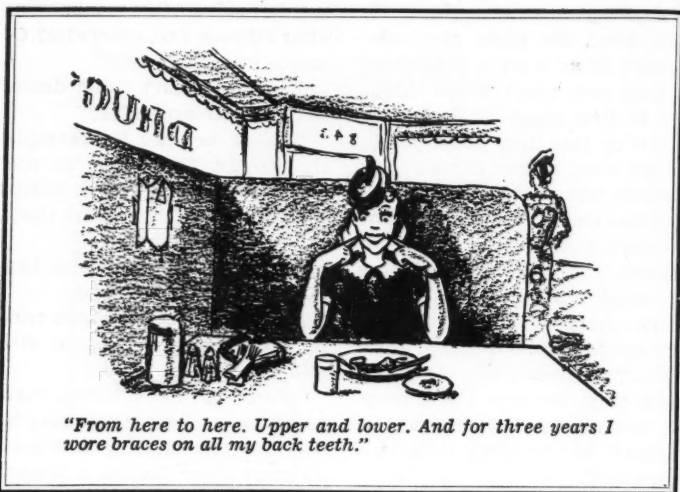
My mind conjured up a vision. Special—Two dollar filling—One Fifty-nine—Today Only—

\* \* \*

People are likely to interpret dental problems with their own particular job as a yardstick. This second down-to-earth truism was borne out during my whole week of interviewing. Here are what some other eighteen and twenty dollar a week workers, just as voluble, fully as earnest, had to say:

Factory worker: "Never heard





of socialized dentistry. Don't like the sound of it. My dentist's high enough, but I wouldn't go to another on a bet. Why? I don't know. Used to him, I guess. Like the way he kids me along."

Grocery helper: "I like to go to the dentist. You know why? I never have to have anything done. Heh, heh. Fruit and vegetables? Yeah, I guess so. But, then, I guess I'm just lucky. No, I wouldn't want dental insurance, not even fifty cents a month's worth. Why should I? I never need anything done."

Sales-girl: "Nice teeth are especially important in work such as mine. Dental insurance sounds good to me. But then I'm facing a one hundred and twenty dollar bill. See, I still have my baby teeth. No, I don't think fees should be standardized. Too big

a difference in the ability of dentists, quality of material, and so on. I like my dentist, and I think he's reasonable."

Rural school teacher: "Yes, of course, we stress mouth cleanliness in the schoolroom. I take particular care of my teeth, as an example to the children. I wouldn't want dental insurance—have too little work done. Socialized dentistry sounds horrible. I want my own dentist, in his own office. I like things just as they are."

House-wife: "I've gone to the same dentist for over nine years, and wouldn't change for anything. He understands me. No, I wouldn't want dental insurance. I used to be afraid of the drill, but since my dentist has installed one of those jiggers you work yourself, I don't mind it a bit."

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Cashier: "I've had plenty of work done, but I'm still not afraid of the dentist. I wouldn't want socialized dentistry. I'd be willing to pay fifty cents a month for dental insurance, but no more."

Receptionist: "Standardized fees sound silly. If your dentist charges too much, you can always go somewhere else. It's hard to say about dental insurance. Some would get so much more out of it than others. The poor, though, should be cared for at the expense of the state. Of course, I hate to go to the dentist. Who doesn't?"

\* \* \*

And now I had one errand left. In the heart of the city stands an establishment that has always intrigued me immensely. The Dee-Light is a mammoth beauty salon, run along herculean principles. One hundred operators work steadily, under watchful, supervising eyes. Some girls do nothing, day after day, but wield the shampoo brush. Others take care of the waves, others, the permanents. It is socialized beauty work, on an impressive and profitable scale.

On my Saturday afternoon visit, things had reached slightly terrifying proportions. Customers on the receiving end of every conceivable stage of beautifying

were being rushed along the assembly line at an impersonally dizzy rate.

One expressionless girl relieved me of my coat. Another made out my ticket, and still another herded me into the manicuring department. Here I waited more or less patiently until one of the two dozen manicurists was free. Twenty minutes exactly, I had learned before, is allowed for each customer, and I bided my time accordingly.

Finally, it was my turn. A tired-faced girl reached for my hand, and asked, "short or medium?" Not that she cared a whoop. And who would, for ten dollars a week and tips?

"Medium." I was wishing I could have gotten that talkative blond at the next table. But this one would have to do. Slowly, I inched the conversation toward dentistry.

Yes, the tired-faced girl went to the dentist. Had an appointment for that week, in fact.

"How would you like," I asked, "to get your teeth fixed in a place like this?"

Mechanically the girl surveyed the bedlam. "Don't," she said simply, "be nuts."

And that concluded the interview.

2917 Thirty-third Avenue, South  
Minneapolis, Minnesota

# Editorial Comment

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GIVE ME THE LIBERTY TO KNOW, TO UTTER, AND TO  
ARGUE FREELY ACCORDING TO MY CONSCIENCE  
ABOVE ALL LIBERTIES. *John Milton*

## PRETENDERS TO THE ROYAL PURPLE

WHEN THE SIGNERS of the Constitution decided that Americans should not carry royal honors and titles, they unfortunately could not foresee that many of their descendants would adopt, on the slightest pretext, names and meaningless titles and degrees. Dentistry, as Doctor Jacobs<sup>1</sup> whimsically points out in his article in this issue, suffers from a superfluity of societies, academies, "colleges," and what not. Many of these are organized to perpetuate the whims, eccentricities, and pet ambitions of their founders. Not a few are organized for self-aggrandizement. Every year these fellows meet, sometimes under the trappings of scholastic cap and gown; or with grim visages they ponderously gather around the council boards to decide the fate of bicuspid or, more likely, one small aspect of bicuspid.

We all know that it is psychologically sound to have ambitions to do great and noble deeds, to be important in the eyes of others. A few achieve this recognition by deeds of valor or social contributions. Others attract attention by anti-social ignominy. In his dream world every man plays the lead. When the butcher wears a plume and carries a sword in a holiday parade, he has escaped in fancy from the meat block to the Round Table of King Arthur. If he can return to his job next day mentally unwarped he is probably psychologically whole and refreshed from his mental jag. If though, as he cuts and trims his meats in the workaday world, he still retains the Arthurian delusions and snarls at his customers as if they were his vassals, he is then treading close to delusions of grandeur, a psychosis, or is just plain nuts. Whenever we carry our fantasies too far and forget where the world of substance ends and the world of shadows and dreams begins, we are heading for trouble.

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<sup>1</sup>Jacobs, W. H.: Alphabet Soup for Dentists, ORAL HYGIENE 29:931 (August), 1939.

Dentists who rig themselves up in caps and gowns, swords and bucklers, carry flaming torches and waving banners, or string unearned and absurd letters after their names, are not expressing achievements but are symbolizing ambitions that are frustrated and unfulfilled. You can't make a scholar out of a few yards of black cotton and a mortar board hat. You can't make a man important by conferring meaningless degrees. Culture and scholarship and understanding are earned values and take time and effort to acquire. Knowing the right dental politicians does not make a scholar nor a scientist. No one by the laying on of hands or by ritual incantations can transform a man from what he is to something that he is not. The time has come to laugh, to guffaw at the delusions of superiority and the pretensions of some of the organizations in dentistry. Their restricted point of view, the microcosm of their ambitions, the pomposity of their utterances are apparent—and funny.

Doctor Jacobs is not far wrong when he says, "Every time two dentists meet and exchange cards, a new dental society is formed." If the boys want to organize new societies for social or professional reasons no harm is done, provided the zeal for their private society does not detract from their interest in the parent organization of us all, the American Dental Association. Frequently, however, these small organizations undermine the interest in the parent organization. The American Dental Association is and should be the organization to express the sentiments of the dental profession; the body to initiate developments and reform. It is arrogant presumption for a subsidiary organization, a "college," an academy, or an institute, to speak for the dental profession or to undertake projects that are of concern to the profession as a whole. Some of these groups have specialized interests and problems, which they have a clear right to explore and solve, but in their exploring it is better for them to stick close to their job and not indulge in delusions of grandeur, side-track pontifications, dress in weird raiments, or affix awesome combinations of letters to their names. When they forget their purpose and indulge in pageantry and heraldry, they become laugh-subjects and frustrate their serious objectives—if they have any.

*Edward J. Ryan*



*Wichita (Kansas) Independent:* For thirty-five years Doctor R. A. Thomas practiced dentistry until an injury to his spine suddenly made him an invalid. Without any occupation for several years, it occurred to him one day that he might make use of his youthful experience as a watchmaker. He decided that there must be plenty of clocks in his neighborhood that needed repairing, so he ran a small advertisement in a local newspaper. To his astonishment clocks began to come in rapidly. Later he specialized in the repair of automobile clocks, which are notably inefficient. Although unable to walk, Doctor Thomas has built up a fine cash and carry busi-



ness at his home at 536 South Spruce Street. Doctor Thomas, who was a graduate of Northwestern University and served for years in the

medical department of the United States Army overseas, is now known throughout the southern part of Kansas as an expert builder and repairer of clocks. He is a member of America's most famous family of clock builders and a direct descendant of Seth Thomas.

*Portland (Oregon) Journal:* Doctor Henry Cline Fixott has been unanimously elected district governor of Rotary district 101, which embraces all of Oregon, Washington, British Columbia, Alaska and Western Idaho.

*Milwaukee (Wisconsin) Journal:* Somewhat tardily, J. G. Schottler, Milwaukee dentist, was rewarded this year for his work begun twenty years ago to break the gold inlay patent. At a meeting in the University Club he was given an honorary membership and a key by the Marquette chapter of Omicron Kappa Upsilon, national honorary dental

fraternity. The story of how Doctor Schottler "freed dentists from paying tribute," begins back in 1907. That year Doctor W. H. Taggart of Chicago took out the gold inlay patent for the use of which dentists had to pay him fees ranging from \$25.00 to \$150.00. Doctor Schottler and other Wisconsin dentists objected to paying these fees and brought suit against Doctor Taggart in 1909. Because he had perfected a way of making inlays similar to Taggart's, Doctor Schottler claimed priority; and other dentists who had worked on gold inlay methods came forward. Although the suit was begun in 1909, it took thirteen years and three long trials before the patent was finally broken in 1922. This paved the way for the breaking of other patents which had forced dentists to pay royalties. In telling the story of this battle, Doctor Schottler always insists that the credit for success is not his alone but belongs also to dentists in Wisconsin and other states whose generous financial support made the litigation possible.

*Hornell (New York) Evening Tribune:* While practicing dentistry in Canada some years ago, Doctor B. J. Sproul, was forced to go to Alaska for his health. In the North country he became interested in "huskies," the dogs used on sled teams, and brought several back with him as well as a genuine Canadian timber wolf. Since then he has set up an establishment on Lake Placid where he breeds and raises these dogs. Of the forty-two he now owns, many are used at exhibitions. Doctor Sproul holds the long distance record, for sled dog teams, of 200 miles in twenty-six and one-half hours, which he set in 1932. Some of his

dogs have been in moving pictures with noted cinema stars. Last year a pack was at Atlantic City for three months, and there are six at the New York World's Fair now. As to



his method of handling the dogs in unusual heat, Doctor Sproul reports that he keeps them out of direct sunlight under canvas, and at night he gives each one a chunk of ice. He finds that the dogs are tame when staked separately and fond of being petted, but they often snarl and fight viciously when unleashed together.

*Indianapolis (Indiana) Star:* Harry H. Nagel, an Irvington dentist who has made a hobby of investigating the history of flags, traced the history of banners from early times to the present in a recent talk before the Kiwanis Club in Indianapolis.

*Jamaica (New York) Press:* Under the leadership of Aaron Solomon, Hollis dentist, the Jamaica-Hollis-Queens Village Rotary Club is organizing a Vocational Guidance Council for the benefit of high school students. A survey of business opportunities open to graduates will be made by the Council, according to Doctor Solomon. Thus a student interested in a certain vocation will be able to get statistics on it or will be referred to people in that field and interviews arranged.

**Sacramento (California) Union:** A new telescope, which University of California experts agree is the finest of its type in existence, has been installed in the Sacramento Junior College Observatory. It is the work of R. B. Giffen and Robert E. Smith dentists and amateur astronomers,



who devoted two years to the project. This twelve and one-half inch

reflector telescope, which has a magnifying power of 500 times and weighs nearly a ton, was constructed in Doctor Giffen's home workshop at 1815 F Street.

**Sioux City (Iowa) Journal:** On completing fifty years as a practicing dentist, Doctor J. E. Dewalt was the honored guest at a Sioux City Dental Society dinner. Although he is 71, Doctor Dewalt has no intention of retiring from practice and is at his office every day in the Frances Building.

### CAN YOU USE A DOLLAR?

TO EVERY READER who contributes a newsworthy item, something unusual about a dentist, *which is published in this department*, we will send promptly a crisp, new one dollar bill. Every clipping must be taken from a newspaper and carry the name of the publication and the date line. Clippings submitted cannot be acknowledged or returned. When more than one copy of a clipping is submitted, the first one received will be used. Send all items to: Dentists in the News, ORAL HYGIENE, 708 Church Street, Evanston, Illinois.

CONTRIBUTORS TO Dentists in the News who have received awards to date are:

MRS. R. A. THOMAS, 536 Spruce Street, Wichita, Kansas

JAMES E. MAHONEY, D.D.S., Chairman, Membership Committee, Illinois State Dental Society, Wood River, Illinois

H. C. HEYEN, D.D.S., Emmetsburg, Iowa

W. R. NAIL, D.D.S., 1104 Medical Arts Building, Dallas, Texas



# DEAR ORAL HYGIENE:

"I do not agree with anything you say,  
but I will fight to the death for your right  
to say it."—VOLTAIRE

## Radio Station for Dentists

Why would it not be advisable for all the dentists in the United States to subscribe to stock to purchase their own radio station? If each dentist would subscribe for \$1.00 to \$5.00 worth of stock in the organization, three stations could be built—one in the East, one in the Midwest, and one in the West. This would give the dental profession the finest chance to place before the world the correct picture of dental life. The investment in stock would be exceedingly small compared with the benefit each dentist would derive from the investment.

I suggest that each and every dentist who reads this should write to ORAL HYGIENE and declare his willingness to subscribe to stock to purchase our own radio station.—HENRY HEYENGA, D.D.S., 6639 South Kingshighway, Saint Louis, Missouri.

## On Millberry's Proposal

It is satisfying to read the editorial comment<sup>1</sup> in the March issue of ORAL HYGIENE; also the letter of President Ward<sup>2</sup> on Doctor Millberry's paper, which was read before the American Public Health Association. Doctor Millberry proposes

to train 100,000 people for two years to give the necessary dental service for children; that would mean 2083 more dentists for every state in the union. There are enough dentists now to do all that is necessary, and no child lacks dental care if he will go to the dentist and ask for it. It would only be a short time until the 100,000 would be giving other dental service.

Dentists now are a low income class. Last year, the net income for dentists was \$1200; some made more, and some made less. During the past six years, quite a few dentists ceased to practice, because they couldn't make a living. Where would they be if 100,000 more were added? Dentistry would drop to a low level. State dentistry would place a vast army of low-grade dentists on the public payroll—just a vast bureaucracy for the home owners and taxpayers to keep up. Look at the Department of Labor at Washington, D. C. Our country got along without it for 150 years and became the greatest nation in the world. It has never helped a single working man, but has injured thousands. It is lax in enforcement of the immigration laws of the United States and has been for six years.

I have heard that 5443 Doctors of Medicine were admitted from Europe in 1938. So many were admitted to practice in New York State that many American citizens, who owned

<sup>1</sup>Editorial: Double Standards in Dental Training, ORAL HYGIENE 29:316 (March) 1939.

<sup>2</sup>Ward, M. L.: President Ward Comments in Dear Oral Hygiene, ORAL HYGIENE 29:321 (March) 1939.

homes and paid taxes and had been taking care of the medical needs of the public, were compelled to stop practicing as they could not compete with the low fees charged by the foreigners. Senator Wagner has a bill in the Senate to admit 20,000 refugee children from Europe for the American people to take care of, and in five or six years these will be competing with American workers. Senator Wagner also has presented a bill calling for the Federal Government to furnish \$850,000,000 for medical care.

I have lived in a typical rural community for fifty years, and there has been no suffering for lack of medical or dental care. Where the county does not allow it and pay for it at half price, the physicians and dentists do the charity service on their own. This is a county seat town of 3200. It is an average town, and there are six dentists here. Forty-five years ago the population of the county was 4000 more than now, there were only two dentists in the county seat, and people were just as healthy as now.

I agree that the dental course is too long and that the preparatory course is too time consuming. A first-grade teacher's certificate is enough for entrance to any dental college, and if the college faculty is capable, a three-year course is enough for a starter. If the man is any good and keeps up his studies after he begins practice, he will make a good and useful dentist for any community; and no dentist, no physician, nor lawyer will be any good unless he does keep up his work and study during practice.

Germany has had state medicine for over fifty years. It was a political measure by Bismarck. It was introduced in England by Lloyd George, also for political reasons. He promised the people two dollars for every one they paid. In England, the death rate from tuberculosis is 14 more per 100,000 than in the United States. The death rate from cancer in Eng-

land is 50 more per 100,000 than in the United States. If we get state medicine, the politicians will select the physicians and dentists, and ability will not be considered. The fellows who knuckle to the game will get the jobs; the people will have to take what they give them. The average farm family of four spends \$63.00 a year for medical care; some more, some less. They spend more for tobacco.

A sample of state medicine is found in the United States Army.<sup>3</sup> Under state medicine and dentistry there would be a vast bureaucracy to keep the books and administer them. Physicians and dentists would have to spend their evenings taking care of books and making out records and reports. They would have no time to read and study. They would have no time for charitable service after hours. There has been much talk about the revolt of physicians in the American Medical Association. There are 106,000 members of the American Medical Association according to reports, and out of this vast number 430 were for state medicine. Most people would call that a very small per cent, and I have been told that most of the 430 were working on salaries for institutions and not family practitioners.

In the old days the medical course in college was two years. The dental course was one year in the office of a practicing dentist and two years in dental college, but they didn't stop studying when they finished school. When we look back at the surgeons, medical practitioners, and dentists of forty years ago, can we say the schools are doing as well by their graduates today? Earlier in this paper I spoke of the European physicians who have come to this country, obtained licenses, and have begun to practice at once. In Europe most of the countries bar Americans from practicing. Why shouldn't we bar

<sup>3</sup>McNeal, J. R.: Clinical Medicine and Surgery (March 15) 1935.

Europeans here?—R. L. OSBORN, D.D.S., *Harlan, Iowa.*

EDITOR'S NOTE: With reference to the statement, "Last year, the net income for dentists was \$1200," the U. S. Department of Commerce in its report on dentists' incomes gives the net earning of dentists for 1937 as \$2914.

### A Dentists' Network

After reading the articles by Doctors Sanner<sup>4</sup> and Kimeldorf<sup>5</sup> in March and May issues of ORAL HYGIENE, I think you should publish a list of dentist *hams* and form a dentists' network. I have the call W-80-UT and operate 10 and 20 meters. Doctor Russel Irish of this city, W-80VT, is another and also Doctor Van Camp whose call I do not know just now.

I think it would be very fine if all of us dentist *hams* could get together.—P. L. SNYDER, D.D.S., 626 Chestnut Street, Pittsburgh, Pennsylvania.

### An Assistant Speaks Up

After reading the article<sup>6</sup> in the April issue on what the well-trained dental assistant should know, I feel it is about time someone says something about what the well-trained dental assistant should not be expected to do.

I will start with the housekeeping end of the work, janitor service to you. No dentist has the right to expect his assistant to wash the office windows, clean the floors, nor furniture polish his equipment. That doesn't rate that nice term housekeeping, for it is janitor service in any office-building language. Can you

imagine walking into any office and finding the stenographers and bookkeepers washing the windows and cleaning the floors before starting their day's work? Of course you can't. Dusting—yes, but cleaning—no.

Then the question of working hours. Many dentists expect their assistants to be in the office at least one-half hour before they come, and to clean up after the last patient, which means a half hour after he leaves, making some days from ten to eleven hours.

What salary does the dentist expect to pay for such service? Does the dentist who wants his instruments thrust into his hand with surgical precision expect to pay for that training? Do you know that girls giving just such service for ten hours a day are receiving as little as ten dollars a week and less? Laws have been made to protect the average working girl, but the dentist's office girl doesn't seem to come under the head of such attention, and if she needs the job she must take it or leave it.

Then there is the little question of courtesy. I wonder if the dentist realizes the impression he is giving his patient when he is curt or insulting to the girl at his side, no matter what the grievance may be. He might do well to wait until the patient is out of the office, and then adjust any matters that are not to his liking.

I have been an assistant in a dentist's office for twelve years; I have never washed a window nor cleaned a floor. My hours are from eight-thirty to five, and my salary is generous, so the foregoing matters are not personal grievances; I write on behalf of the girls who are working under great difficulties for men who read such articles as ASSISTANCE TO THE ASSISTANT in your April issue, and wonder why they are not receiving similar service. They want something they do not want to pay for, and I think something should be done about it.—ANNE P. SMITH, 266 Bryant Street, Buffalo, New York.

<sup>4</sup>Sanner, C. G.: Radio Amateurs in Dear Oral Hygiene, ORAL HYGIENE 29:321 (March) 1939.

<sup>5</sup>Kimeldorf, A. E.: A Dentist "Ham" in Dear Oral Hygiene, ORAL HYGIENE 29:570 (May) 1939.

<sup>6</sup>Paradis, Adrienne: Assistance for the Assistant, ORAL HYGIENE 29:409 (April) 1939.

# Ask ORAL HYGIENE

Please communicate directly with the Department Editors, V. CLYDE SMEDLEY, D.D.S., and GEORGE R. WARNER, M.D., D.D.S., 1206 Republic Building, Denver, Colorado, enclosing postage for a personal reply. Material of general interest will be published each month.

## Space Between Centrals

**Q.**—In the March issue of ORAL HYGIENE there appeared a short article relative to the so-called abnormal frenum.<sup>1</sup>

May I take the liberty of making a little suggestion, or constructive criticism, regarding the advice given in the article referred to? In times past we all believed that it was good practice to remove, surgically, abnormal frena. Our textbooks and our instructors in dental college have taught this doctrine for so many years that it is no wonder many dentists continue the practice.

A study of this question, however, will convince almost anyone that it is no longer to be considered as good practice. Briefly, it is now a well-known fact that the upper central incisors erupt with a space between them. This space is normal for the child up until laterals are in place.

In the case mentioned involving a child of 7, you state "the girl is about the right age for an operation." Instead of the operation, we believe it better to band the centrals and by means of tension, as you suggested, move the teeth together. In this way the frenum disappears by means of pressure atrophy. Better still, let it alone until the child is 12, and the space will close normally.

My proof of this is that you may examine 1000 children at the age

of 7 and you will find about 90 per cent with this space between the centrals. Of course the space is occupied by the frenum. It must be occupied by something, you know. Now, again, examine children at the age of 13, and you will find about 6 per cent of them with a space, due to other causes, between them.—J. E. T., California.

**A.**—Your valued letter is of much interest to me. I am not an orthodontist, but I can understand that you may be right about there being only 6 per cent who have a space between the centrals and I would certainly have to concede that, in at least part of this 6 per cent, there are other causes than the presence of the frenum to account for the space. In fact, I think that this must be true in the case of my own daughter. Her frenum was cut twice, and the centrals were banded together for many months each time; but they are back in the original position with a large space between them now.

—V. CLYDE SMEDLEY.

## Broken Incisor

**Q.**—Enclosed find a model of the anterior teeth of a child about 10, who has been so unfortunate as to break off about one-half of the right central.

I have had several cases similar to

<sup>1</sup> P.H.D.: Abnormal Frenum in Ask Oral Hygiene, ORAL HYGIENE 29:322 (March) 1938.

this and am always wondering what is the best restoration, the one that requires least destruction of remaining tooth structure and at the same time gives the best possible service.

I should greatly appreciate any information you may be able to furnish in this case.—T. R. S., Pennsylvania.

A.—With a maxillary incisor broken off as much as the one shown by your model and the tooth still normally vital for a ten-year-old child, we believe the best procedure is to make a band of orthodontic material and cement it securely on the tooth. Then, put a layer of sedative cement over the fractured end and fill the balance of the band, restoring the tooth to its normal length, with silicate cement.

We have saved many broken incisor teeth in this manner even when the pulp was exposed.—GEORGE R. WARNER.

### Opening the Bite

Q.—Full upper and lower dentures have been constructed for a patient, a woman of 40, whose health is assumed to be normal. The mucous tissue of the cheek tends to lie between the teeth, causing a swollen strip extending from the cuspid area to the second molar area. A similar condition is noticed to a lesser degree on the sides of the tongue. The lower teeth have been ground so that they now occlude lingual to the buccal half of the occlusion surfaces of the uppers, with no improvement. I understand there is some systemic disturbance which is evidenced in this manner.

I have thought of constructing a set of dentures with a closed bite so that, as the mouth is in a normal condition, the teeth will be perhaps a half inch apart. But before incurring further expense on the case, I should appreciate your personal

reply.—C. S. T., Illinois.

A.—For the problem described, I would be inclined to think that a further opening of the bite would be more likely to help this condition than closing it, as a more open bite would provide more room for tongue and cheek tissues.

I would suggest that you try to do this by raising the occlusal plane with a temporary rebasing with modeling compound. This can be left in place for several days while you observe results. You might also try adding more or less extensive plumpers with wax on either or both dentures to be replaced with something more permanent later if they seem to correct the difficulty.—V. C. SMEDLEY.

### Facial Paralysis

Q.—This case concerns a middle-aged man.

A few days ago I extracted the upper left second molar using infiltration anesthesia. The tooth, the only molar remaining in that area, was easily removed, recession being extensive, with only about one-third of the roots in the jaw. Within twenty-four hours, paralysis of the face occurred, with drooping around the eye and mouth on the left side. There was also a slight drooping around the right eye. The physician called in said it was from the procaine, and that it will last for several months. I have not seen the patient but had this report.

The man belongs to the Coast Guard, and during the recent hurricane (about one month before the extraction) he took quite a "beating," having two ribs fractured, and he was more or less exhausted.

I am at a loss to know how the procaine would bring this on. It is the first experience of anything like this in my practice of fourteen years. Any information you could give me

would be appreciated.—H. F. L., New York.

A.—I have referred your problem to Doctor B. A. Murray, who is the most profound student of the anatomy and physiology of the head I have ever known, and he has been kind enough to give us the following statement, which is in complete accord with my own opinion:

"By no stretch of imagination could your infiltration anesthesia or extraction be concerned from a local point of view with facial paralysis. However, a cold draft striking just anterior to the external auditory meatus could and often has caused Bell's paralysis. The time was coincident.

"A slight bulbar paralysis sometimes occurs from a small clot pressing on the cranial nerve just before its entrance into the internal auditory meatus. A growth in the same region would cause bulbar paralysis; damage due to middle-ear disease would also cause bulbar paralysis.

"A careful history should rule out or affirm such conditions

"I can see no relationship between your work and the patient's condition. The time was too great even in case of blood clot."—V. C. SMEDLEY.

#### Law Suit Canceled

In reply to your letter, I am happy to state that my case<sup>2</sup> was thrown out of Court, but cost me upwards of \$1,000 to defend it. Had it not been almost accidental that I had talked to the physician who introduced lipoidal, I certainly would have been stuck on the false testimony of that physician who claimed the root could

be resorbed in the lung. This I know to be a fact, as I talked to the Judge after the decision, who told me he was going to find for the plaintiff up to that time. It was a narrow escape for me, and I don't mind telling you I break out in a rash thinking about it as I write this letter.

No dentist can be sure of what's going to happen when a case gets into Court, and if you hear of any case like mine in the future, look out for lipoidal. You have permission to use all, or any part of this letter, as you see fit.

Again let me thank you for your courtesy in the reply to my inquiry to you at the time.—C. M., Michigan.

N. B. Doctor M. was sued for \$50,000 by a patient who claimed a root of a tooth entered her lung. The first roentgenogram taken of her chest showed the field clear. Two days later, before making an x-ray exposure, a physician introduced lipoidal. This was declared by the patient, as well as the physician, who examined the roentgenograms for her, to be the root of a tooth. Because subsequent pictures showed disintegration of this supposed root, the patient's physician said the body juices had resorbed the root.

#### Deterioration of Dentures

Q.—One of the hospital employees here asked if I could explain the reason for the many fine net-like striations running throughout the pink portion of the vulcanite of his upper full denture.

He has had the denture for two years, and in the past six months these fine lines have appeared on the denture. It was broken and repaired over a year ago, so I eliminated the possibility of faulty vulcanization. The rubber can be scraped off by light pressure of the fingernail.

The patient is in the habit of immersing his denture in commercial

<sup>2</sup>C. M.: Sued for \$50,000, Ask Oral Hygiene in ORAL HYGIENE 29:323 (March) 1939.



hydrogen peroxide for cleansing purposes. Is it possible that this has a harmful, oxidizing effect upon the rubber? The red rubber appears to be unaffected.

Any information will be sincerely appreciated.—E. I. N., Massachusetts.

A.—The hydrogen peroxide is probably responsible for the deterioration and disintegration of

the pink rubber in the denture to which you refer. The pink veneer rubbers contain a large proportion of filler and coloring matter, which makes them much weaker and more susceptible to abrasive or chemical action than is the case with the base rubbers that are much more nearly all rubber.

—V. CLYDE SMEDLEY.

### DENTISTS FEATURES OF GOOD CITIES

UNDER THE CHALLENGING title "Best Cities Distinguished by Dentists, Not Clergymen," Doctor Edward L. Thorndike's new book *YOUR CITY* is discussed in *Science News Letter*. This particular news story is a startling example of how easily factual statements by an author can be rearranged and qualified to create a sensational story, capable of arousing serious misunderstandings. After pointing out that clergymen and church members are most numerous where "general goodness of life for good people" is at a low ebb, the article continues, "Measuring the G of cities (goodness score), Doctor Thorndike found that dentists, not clergymen, are characteristic of the best cities. Good cities have an abundance of artists, engineers, musicians, nurses and teachers. They have few lawyers, actors, veterinarians, and domestic servants."

Contrary to the expectation raised by this comment, Doctor Thorndike's book, based on a three-year survey of cities, makes no statements with such broad implications. He does give figures to indicate that the best cities have the largest number of dentists per capita. But he clearly modifies these figures with this statement:

Large numbers of dentists, designers, artists, engineers, and musicians are significant of high scores in G . . . The facts are clear and emphatic, but their interpretation requires caution. How far the persons in question make the city . . . and how far its goodness makes them go there, or makes them become dentists or nurses, and so on, is usually impossible to determine from the facts available. We may fairly assume that competent dentists make a population more efficient and happy, but even the most ardent advocate of dental care would not believe that the amount of superiority of a city in it accounted for a fifth of its G score! The causation between the personal qualities of a population, and its per capita number of dentists surely works both ways

<sup>1</sup>Thorndike, E. L.: *Your City*, New York, Harcourt, Brace and Company, 1939.



## DENTAL EQUIPMENT STOLEN

LAST MONTH, several pieces of new dental equipment were stolen from a dental dealer's warehouse, including:

One No. 103 American Cabinet, ivory tan, serial no. 7270; one Ritter Motor Driven Chair, mahogany, serial no. 2B.2138; one Ritter Foot Pump Chair, ivory tan, serial no. 1J.2207; one S. S. White Diamond Chair, No. 3, ivory tan, serial no. B-27695; one E. D. Junior Unit, Model B, black, serial no. 5281; one Pelton New Model H. Compressor, 110 AC, serial no. 1150; one Pelton Autoclave & Sterilizer, less cabinet, cream white, serial no. T6A281; one Ritter Model B X-Ray, wall type, cream white, less tube, serial no. 8B6032; one Ritter Model B X-Ray, mobile type, cream white, less tube serial no. 8B6150.

It is possible that the thieves, before attempting to sell the equipment, may make an effort to disguise it by refinishing it in different colors.

A reward of \$100.00 is offered for information leading to the recovery of the goods listed here. It is suggested that dentists be on the lookout, communicating any information to the general office of the American Dental Trade Association, 1010 Vermont Avenue, Washington, D. C.

## DENTAL MEETING DATES

American Dental Society of Europe, annual meeting, Lausanne, Switzerland, August 7-9.

National Dental Association, annual convention, College of Dentistry, Columbia University, New York City, August 14-18. For information write to J. A. Jackson, D.D.S., Charlottesville, Virginia.

Congress of Australian Dental Association, Melbourne, August 21-26.

Fall Clinic of Montreal Dental Club, fifteenth annual meeting, Mount Royal Hotel, Montreal, Canada, September 27-29.

University of Buffalo, School of Dentistry Alumni Association, thirty-ninth annual meeting, Hotel Statler, Buffalo, New York, October 11-13.

American Society for the Advancement of General Anesthesia in Dentistry, New York City, fourth Monday in March and October.

District of Columbia Dental Society, second and fourth Tuesdays in each month from October to June, United States Public Health Auditorium, Washington, D. C.

Ohio State Dental Society, seventy-fourth annual meeting, Neil House, Columbus, Ohio, November 6-8.

Louisiana State Dental Society, sixtieth annual meeting, Monroe, Louisiana, April 18-20, 1940.

Minnesota Dental Association, annual meeting, St. Paul Auditorium, St. Paul, Minnesota, February 27-29, 1940.

## 80% Direct Increase on Your Investment Thru *Organization*

	Total Cost Per Member	Proportion of Total Cost Paid by Revenue Other Than Dues	Proportion of Total Cost Paid by Dues . . . . . Now Paid Monthly
Journal Expense	\$3.00	1.40	1.60
Annual Meeting Expense	1.00	.44	.56
	4.00	1.84	2.16
Administrative Expense	.80	.34	.46
Research Expenditures	.60	.27	.33
Bureau of Public Relations	.35	.15	.20
Comm. on Costs of Medical Care	.35	.15	.20
Bureau of Chemistry	.35	.15	.20
Council on Dental Therapeutics			
Dental Index	.30	.13	.17
Library Bureau	.15	.07	.08
Miscellaneous Expenses	.35	.15	.20
	17.25	13.25	14.00

These are two of the posters now being used as part of an aggressive membership campaign being conducted by the Southern California State Dental Association, a component of the American Dental Association.

## FIGURE THIS OUT, DOCTOR

### AVERAGE 1933 NET PROFESSIONAL INCOME OF PRACTICING DENTISTS

ADJUSTMENT TO ALLOW FOR HIGH PERCENTAGE OF MEMBERSHIP IN A. D. A.

	Original Sample		Weighted Sample		DIFFERENCE THRU WEIGHTING	
	AVERAGE 1933 NET INCOME	PERCENT DISTRIBUTION OF SAMPLE	AVERAGE 1933 NET INCOME	PERCENT DISTRIBUTION OF SAMPLE	INCOME	PERCENT
Members Amer. Dental Assn.	\$3,022.	66.5%	\$3,022.	41.32%		
Non-Members	2,265.	33.5	2,265.	58.7		
All Dentists	2,769	100.0	2,578.	100.0	\$191.	6.9%
1933 A. D. A. Membership Percentage						

1,846 CALIFORNIA DENTISTS ANSWERED THE QUESTIONNAIRE. OF THESE 66.5% WERE A.D.A. MEMBERS. THEIR AVERAGE INCOME WAS \$757.00 HIGHER THAN THE AVERAGE OF THE NON-MEMBERS WHO REPLIED. WHY? IT COULD NOT BE AN ACCIDENT. THERE IS VALUE IN MEMBERSHIP. IN THE SECOND, OR ADJUSTED SAMPLE, IT IS SHOWN THAT A.D.A. MEMBERS' EARN \$191.00 MORE EACH YEAR THAN THE AVERAGE LICENSED DENTIST.



Man: "Going on a motor vacation this summer?"

Friend: "No, I'm going to take a Scotchman's vacation—stay home and let my mind wander."

A colored church was organizing a Society of Virgins. One applicant came up carrying a baby in her arms.

"But, Sister," queried the secretary, "how come yo' figger y' is able to join dis here society?"

"Well," replied the woman, "I was only foolin' when this happened an' I 'lowed as how I could get in as one of dese Foolish Virgins."

Hero: "Cur! Now where are those papers?"

Villain: "They are at the blacksmith's."

Hero: "Ha! So you're having them forged?"

Villain: "No, I'm having them filed!"

Mrs. Smith: "John you must discharge the cook. She threatened to throw me out of the kitchen."

John: "The very idea! I shall

certainly discharge her. No one can talk to my wife like that and not answer to me for it!"

Mrs. Smith: "I'm glad to hear you say that, John. Maggie is in the kitchen now."

John: "All right. I'm going to the office. When you hear the telephone bell ring, tell Maggie I want to speak to her."

At great risk the valiant knight had rescued the fair maiden and, now, he was holding her in his arms:

She: Listen, big boy! You're not holding me for ransom, are you?

Knight: Not me! Let Ransom get his own women.

He had been to a stag dinner, and his wife wanted to hear all about it when he got home.

"Well," he said, "one rather odd thing occurred. Jim Blankton got up and left the table because some fellow told a risqué story he did not approve of."

"How noble of Mr. Blankton!" exclaimed his wife. "And what was the story, John?"

Father came downstairs carrying his jacket over his arm. He looked hard at his wife and then at his son.

Father (storming): "That boy has taken money from my pocket!"

Mother (calmly): "Henry, how can you say that? Why, it might have been me!"

Father (Shaking his head): "No, my dear, it wasn't you. There was some left."

### NEY-ORO ELASTIC #4

If imitation is the sincerest form of flattery, the number of "elastic" wires now on the market bear witness to the superior qualities of this, the *original* Elastic Wire. Its strength and resilience, its high fusion temperature and immunity to injury in soldering make Elastic #4 a genuinely all-purpose alloy with an unlimited range of uses. \$3.10 per dwt.

### NEY-ORO GOLD COLOR ELASTIC

A wire alloy with a *true gold color* and, at the same time, excellent properties of stiffness, strength, and freedom from brittleness, is hard to find. You will look no further after you have once used Gold Color Elastic, comparable in properties and uses to the best of the platinum color alloys. \$2.25 per dwt.

*The* J. M. NEY Co.

Established 1812

HARTFORD, CONN.

CHICAGO, ILL.

*Costs but a few cents*

**YET**

**IT CLEANS TEETH WELL**



**I**TS low cost is only one reason why dentists use our Baking Soda as a dentifrice and also recommend it to patients for daily use.

Arm & Hammer and Cow Brand Baking Soda, which are identical, are Sodium Bicarbonate U.S.P.XI, acceptable to the Council on Dental Therapeutics of the American Dental Association. They have many valuable uses in dental practice aside from their effectiveness as a dentifrice.

Dentists find a 2% solution invaluable in removing accumulated mucus and debris from the mouth and throat; for the irrigation of sockets; for ulcerative stomatitis resulting from the use of bismuth and mercury; as a post-operative cleansing gargle and for threatened acidosis from any cause.

Our 93 years of experience in the production of Sodium Bicarbonate makes it possible for us to distribute these two well known brands, Arm & Hammer and Cow Brand, at unusually low cost. One or the other is available at almost any grocer's for just a few cents a package.

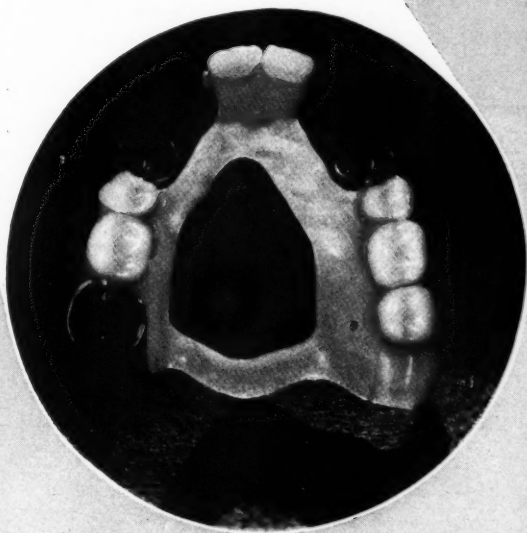
You can depend on their uniform purity.

**Business Established  
in 1846**

**CHURCH & DWIGHT CO., Inc.**  
**10 Cedar Street New York, N.Y.**

# **V**ERNONITE, the outstanding acrylic denture material, REG. U. S. PAT. OFF.

possesses inherent physical characteristics that make it ideal for use in the construction of partial dentures. The great strength of the material and its ability to adhere tightly to Gold and Non-precious metal alloys make such cases as the one illustrated here, not only practical but highly desirable. Vernonite partials are extremely light—consequently very comfortable to wear. They displace a minimum of mouth area, permit greater tongue room, are simple and easy to keep fresh and clean. And, of course, their natural tissue tone provides an inconspicuous quality never before known in partials.



*Know the facts! Get your copy of this 36-page booklet FREE by writing today.*

**VERNON-BENSHOFF COMPANY**

P. O. Box 1587, 933 Ridge Ave., N. S., Pittsburgh, Penna.

...she *Could Cry* sh

(BECA ALL D



DR WERNET'S

The P  
ite



# she's so bewildered!

BECAUSE ALL DENTURE POWDERS ARE NOT ALIKE)

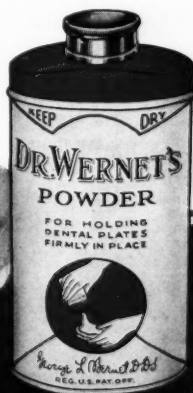
● **PROMISED** the impossible, twice now she has fallen a victim to misleading claims of inferior denture powders. And she is bewildered! She is at a loss to know which powder to turn to next!

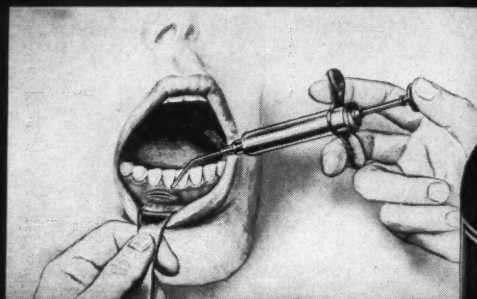
To prevent such difficulties — to safeguard the health and comfort of their patients — nearly 50,000 dentists use and prescribe DR. WERNET'S Powder, the one powder of truly professional standards and with a record of thirty years of superior excellence. DR. WERNET'S Powder is not advertised to the laity. We believe only the dentist is professionally qualified to prescribe its use.

**MAKE YOUR OWN TEST!** Pour some DR. WERNET'S Powder on a dark sheet of paper. Pour next to it an equal amount of any other denture powder. Note how much *whiter* and *purier* and *finer* DR. WERNET'S is! Now add a few drops of water to each and note also how much *more absorbent* and *soluble* it is — so that less of it is required, so that irritation is minimized!

**SEND FOR YOUR SUPPLY—FREE!** Simply mail the lower portion of this page with your card or letterhead to WERNET DENTAL MFG. CO., 190 Baldwin Ave., Jersey City, N. J.

the **POWDER** that's  
*whiter... purer... finer*





**AN EFFECTIVE  
GERMICIDAL AGENT  
FOR ROUTINE USE IN  
THE DENTAL ZONE**



**T**HE routine use of Hexylresorcinol 'Solution S.T. 37' is suggested as a prophylactic measure prior to and following all procedures in the dental zone. As a spray, use either full strength or dilute with an equal part of water. As an irrigating solution, dilute with two or three parts of water. For topical application, use 'Solution S.T. 37' full

strength. As a wet dressing, saturate a cotton pledget or gauze pad with the Solution, full strength or diluted with two parts of water.

. . .

Hexylresorcinol 'Solution S.T. 37' (1:1000 Solution of 'Caprokol' hexylresorcinol) is supplied in convenient five-ounce and twelve-ounce bottles.



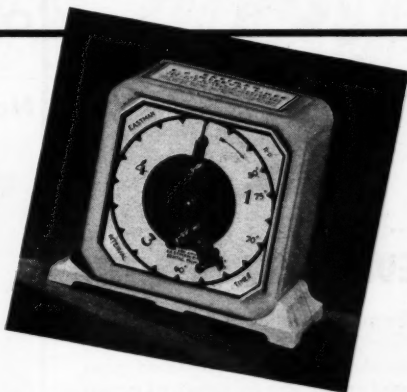
*"For the Conservation of Life"*

Pharmaceuticals **SHARP & DOHME** Mulford Biologicals  
PHILADELPHIA BALTIMORE MONTREAL

# New EASTMAN R-P TIMER

FOR ACCURATE DEVELOPMENT  
OF R-P DENTAL X-RAY FILMS

Get the Full  
Benefit of Eastman  
R-P (Rapid-Processing)  
Film with This New,  
Special Timer



**M**UCH valuable time is saved in every x-ray examination... processing is simpler... when you use *Eastman R-P Periapical Dental Film (Rapid-Processing)*. Solutions need no longer be adjusted to 65° F... Highest quality radiographs are obtained at any temperature from 60° to 80° F. But the development should be *accurately* timed.

The new *Eastman R-P Interval Timer* is designed especially for this purpose. Solution temperatures from 60° to 80° F., in 5° intervals, are printed on the dial, in blue, opposite the correct development times, in black. Turning a hand on the face sets the Timer at the proper interval—from a fraction of a minute to 5 minutes—and winds the mechanism.

Guesswork is entirely eliminated with this precise instrument. Simply check the solution temperature

accurately... get the correct timing from the Timer dial... turn the setting hand to the proper point... remove the films when the alarm bell rings; they will be perfectly developed.

The new *Eastman R-P Interval Timer* is finished in steel-gray enamel. It is priced at \$5, at your regular dental dealer's.

## TIME-SAVING PRODUCTS FOR ROUTINE RADIOLOGICS

*Eastman R-P (Rapid-Processing) Film* may be developed with solutions at any temperature from 60° to 80° F.—only 2½ min. at 60°, ¾ min. at 80°. No time is wasted cooling or warming solutions—in addition, from 2 to 4 minutes are saved in actual development time.

*Eastman Concentrated X-ray Processing Solutions* are ready for use by merely diluting with water. Long life and stable, dependable chemical action distinguish them... Eastman Kodak Company, Medical Division, Rochester, N. Y.

Be sure to visit the Kodak Building at the New York World's Fair

**Only Eastman Makes a Complete Line of Quality X-ray Materials**

## Dentists Use CAMPHO-PHENIQUE LIQUID



*...in their*

### EVERYDAY PRACTICE

Regular routine swabbing with Campho-Phenique Liquid tends to: soothe abraded and irritated gums, and encourage the return of normal healthy tissue.

Campho-Phenique Liquid is particularly adaptable as a topical application before the insertion of a hypodermic needle, before and after instrumentation and as a wet pack after extraction or dental surgery.

Campho-Phenique is a pleasant, stainless liquid that may be prescribed for use in the home treatment of active gingivitis, ulcerations, stomatitis and to aid healing after extraction.

#### CAMPHO-PHENIQUE LIQUID

Analgesic • Anesthetic • Decongestive

#### SEND FOR FREE SAMPLE

CAMPHO-PHENIQUE CO. OH-8  
500 N. Second St., St. Louis, Mo.

Gentlemen:

Please send me sample of Campho-Phenique Liquid.

Dr. \_\_\_\_\_

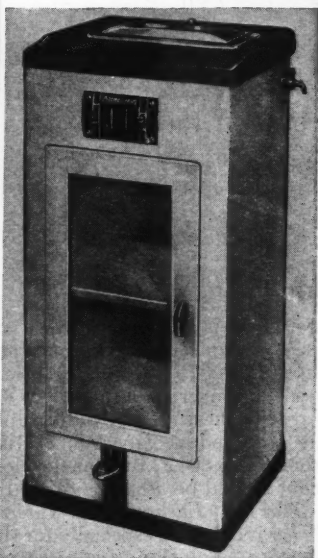
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## PROMETHEUS STERILIZERS

The  
**OUTSTANDING  
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Now only **\$79.50**



**VISUAL ECONOMIZER**  
cuts current — saves money

**FULL AUTOMATIC CONTROL**  
means real operating economy

**CAST BRONZE BOILER**  
guaranteed for lifetime use

**MODERN BEAUTY**  
that impresses your patients

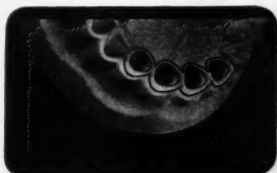
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**PROMETHEUS ELECTRIC CORP.**  
407 W. 13th St., New York

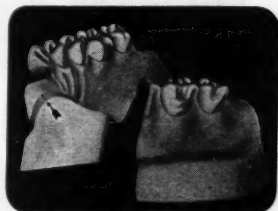
# TRUPONTIC

## *Proper Adaptation Technic*

# is easy



These pictures are typical of the many informative illustrations contained in the booklet, "Proper Adaptation of Steele's Trupontics."



The loose, free fit essential to the correct adaptation of Trupontics to tissue may be easily obtained by following the technic described in this booklet.

Send today for your copy of "Proper Adaptation of Steele's Trupontics."

---

THE COLUMBUS DENTAL MFG. CO., Columbus, Ohio, U.S.A.

---



# *The Trubyte System*



## *We "ape" the Apes*

**Glamor Girls, Romantic Romeos  
and All—we have Teeth shaped  
like those of Anthropoid Apes.**

*of Artificial Teeth* 

# The Trubyte Principle is as Old as Form itself

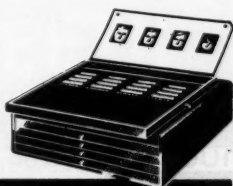


SINCE The Morning of Man, Human Teeth have had the Form of ■, ▲ and ●. . . . Dr. Williams proved this by Skulls of Anthropoid Apes in 1911.

To this Fact he added the Truism that Teeth and Faces of like Form are in greatest Harmony, completing the Trubyte Principle. . .

And, speaking of Harmony, don't overlook Trubyte NEW HUE Teeth.

You'll find The Tooth  
in one of the Trubyte  
MOULD GUIDES



THE DENTISTS' SUPPLY COMPANY OF NEW YORK



# and all because *it's* **ALKALINE!**

The mild but persistent alkalinity of

**FASTEETH** reveals itself in . . .

- 1 A different denture powder of wide appeal.
- 2 A better tolerated denture.
- 3 Healthier **mucosa**.



*Denture Powder.* FASTEETH is a pleasant denture powder, non-bulky and non-mucilaginous. The mild but persistent *alkalinity* of FASTEETH aids materially in maintaining its pleasantly firm consistency for many hours.



*Denture.* The *alkalinity* of FASTEETH appears to have a retarding effect on acid fermentation in the denture area. Offensive plate odor ("denture breath") and sour plate taste are less evident when FASTEETH is used, and the denture wearer appears to be less conscious that he wears a plate.



*Mucosa.* *Alkaline* FASTEETH allays gum soreness, burning or rash due to excessive acid-mouth, or to chafing of a plate actually made loose by resorption or *loose in effect* because of the new denture patient's awkwardness in handling it.

FASTEETH, the *original alkaline* denture powder, appeals to the prosthodontist whose prosthetic skill is matched by his humane consideration for the undeniable limitations of artificial teeth and the natural handicaps of learning to use a denture.

## KLEENTEETH

### *A Denture Cleaner Scientific in Action and Effect*

Send for professional samples of KLEENTEETH, the new scientific cleaner for full and partial dentures or removable bridges. KLEENTEETH is a worthy companion of FASTEETH. It combines the advantages of the immersion and brushing methods. KLEENTEETH is non-caustic and non-abrasive, yet it effectively removes debris, food and tobacco stains, mucin and acid-forming bacteria.

### *Does Your Copy of "DENTURE CLOSEUPS" Need Renewal?*

In addition to supplying "DENTURE CLOSEUPS" to new dentist users, we are always glad to meet the requests of dentists whose copies through constant use have become soiled or frayed. Simply fill out and mail coupon and you will receive this famous series of colored charts on the V-Shaped Vault, Unbalanced Occlusion, the Effect of Alveolar Resorption on Denture Stability, and other frequently encountered denture problems. SENT FREE.



*Tear Out and Mail Coupon*

# FASTEETH

*The ALKALINE Denture Powder*

FASTEETH, INC., BINGHAMTON, N. Y. O. H. I.  
Gentlemen:  
Yes—please send me copy of "Denture Closeups."  
Name .....D.D.S.  
Street .....  
City .....State .....



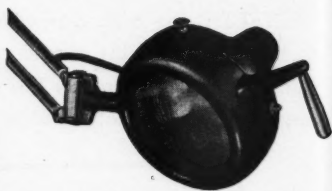
**CRESILVER**  
REG. U.S. PAT. OFF.

THE HIGHEST PRACTICAL  
CONTENT SILVER ALLOY  
AVAILABLE TO DENTISTS

ALWAYS RETAINS ITS  
SILVERY-WHITE LUSTRE

CONFORMS TO FEDERAL  
AND A. D. A. SPECIFICATIONS

CRESCENT DENTAL MFG. CO.  
1839 S. Crawford Ave., CHICAGO



## NEW PELTON ORALITE

... the amazing new light with "pre-focused" beam and finger-tip control ... produces a band of cold, color-corrected light ... no shadows. Ask your dealer or write

**PELTON & CRANE CO. • DETROIT**

- Provides definite powder-liquid ratio
- Liquid is hermetically sealed
- Controls setting time, film thickness and disintegration
- Produces dependable uniform mixes

## BOSWORTH'S CEMENT & LIQUID MEASURING DEVICE

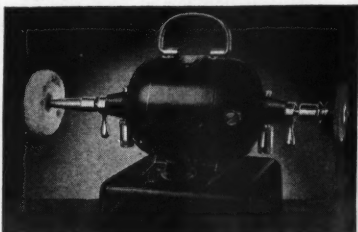


A DEFINITE means of securing a powder-liquid ratio in mixing cement. Assures a permanent cement joint between restoration and cavity. Lengthens the life of restorations. Complete literature by return mail.



HARRY J. BOSWORTH CO.  
1315 S. MICHIGAN AVE. CHICAGO

## "WON'T WEAR OUT"

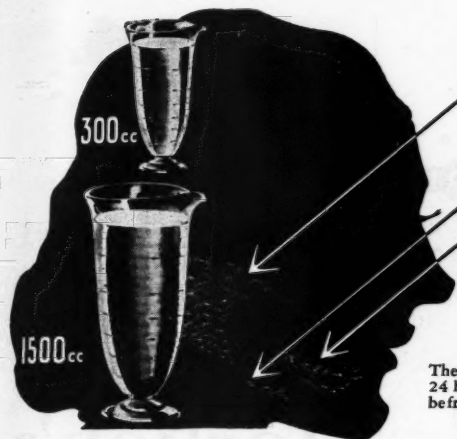


Many of the first Dumore Dental Lathes, delivered 25 years ago, are still in daily use. Only precision manufacturing methods produce electrical equipment to stand that kind of abuse. The Dumore D-3 Lathe\* has all the long-life features of its early predecessors, but offers many new, handy features. Ask your Dental Supply Dealer for complete information, or write:

\*1/8 h.p. Universal (AC-DC) motor; 5,000 to 10,000 r.p.m. through 5-step rheostat; weight, with complete equipment, 18½ lbs.

THE DUMORE CO., Dept. 259-H, Racine, Wis.

**DUMORE**  
*Precision*  
**DENTAL EQUIPMENT**



## FLEERS GUM PROVIDES STIMULATION OF THE SALIVARY GLANDS

The quantity of saliva excreted in 24 hours is variously estimated to be from a few hundred to 1500 C. C.

## FREE FLOWING SALIVA IS ONE OF NATURE'S WEAPONS AGAINST DENTAL CARIES.\*

### ✓ Check Fleers Gum for These Characteristics

#### Salivary stimulation:

Consistency and appetizing flavor promote unusually free salivary flow.

#### Gingival stimulation:

Fleers Gum is 3 times as large as ordinary gum and easily reaches and massages the gingival margins in the process of being chewed.

#### Cleansing action:

Cohesive and non-sticky, Fleers Gum will help dislodge food particles frequently missed by ordinary brushing.

Examination of the mouth in which rapidly spreading and so-called circular caries is evident . . . almost invariably discloses a marked diminution of the salivary flow.\*\*

Fleers Gum has been recommended by many dentists in such cases with very encouraging results. Its appetizing flavor assures a positive psychic reaction, and its extra "chewy" characteristics provide a stimulation that is decidedly beneficial to salivary flow.

Few chewing gums provide healthy exercise of the teeth and gums to the extent accomplished by Fleers Gum. Because of its extra bulk and cohesiveness, it penetrates between tooth crevices without separating and frequently dislodges food debris *not reached by brushing.*

Make your own tests of Fleers Gum. Write today for an interesting professional kit which gives additional information, and provides the material for a convincing study. Frank H. Fleer Corporation, 10th and Diamond Streets, Philadelphia, Penna.

\*Miller, Dental Cosmos, 1903, Pg. 694

\*\*Prinz & Greenbaum, "Diseases of the Mouth," 1939, Lea & Febiger, Phila.



# FLEERS

*Dubble Bubble*

## GUM

## TRIM MODELS QUICKLY and NEATLY.....

Use a

**TORIT**

- NO DUST
- NO CHIPPING
- NO SPLASHING

MODEL  
TRIMMER

Its spirally-grooved grinding wheel has a water spray to carry away grindings and keep the cutting surface clean.

Ask us for Catalog No. 13 and full information on the exceptionally popular Torit Model Trimmer.



TORIT MFG. CO.  
279 Walnut St.  
St. Paul, Minn.

# Time!

There's ample *time* to manipulate **Co-ORAL-ite** Impression Material, in base or tray, because it sets slowly outside the mouth. But that's not the only reason you'll like it. There are 10 other reasons. What are they? Send the coupon

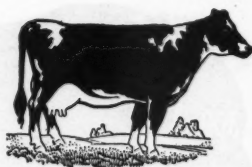
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The CO-ORAL-ITE Dental Manufacturing Co., Santa Monica, California O.H. 8

Tell me about CO-ORAL-ITE Impression Material.

Dr.....Address.....

City.....State.....

Dealer.....



A liquid diet  
that tempts  
appetites

## Horlick's Malted Milk

WHEN gums are sore, and a liquid or semi-liquid diet is indicated, suggest delicious Horlick's Malted Milk. Patients relish its tempting flavor. You dentists appreciate the fact that Horlick's—the Original Malted Milk—provides a good supply of muscle-building protein, plus tooth-building minerals, calcium and phosphorus, and also *natural* vitamins of milk and grain. These vitamins are protected by processing the choice ingredients of Horlick's at controlled low temperatures.

The uniform high quality of Horlick's is always maintained. For a free trial supply, write, on your professional letterhead, to Horlick's, Dept. OH-8, Racine, Wisconsin.

**HORLICK'S**  
*the Original Malted Milk*

NOW AT NEW LOW PRICES



## *A Simple Story...*

### **PHILLIPS' CLEANS TEETH WELL**

The modern dentist realizes that this constitutes the prime function of a dentifrice. Most other claims are either specious or debatable.

Phillips' Milk of Magnesia Tooth Paste and Phillips' Milk of Magnesia Tooth Powder deserve your recommendation because they are effective as tooth cleansing agents and are advertised in a truthful, ethical manner.

Therefore, why not suggest

*For Tooth Cleaning*—Phillips' Milk of Magnesia Tooth Paste or Phillips' Milk of Magnesia Tooth Powder, which supply in economical forms the well known antacid properties of Phillips' Milk of Magnesia as well as an effective cleansing action.

*To Sweeten the Breath*—Phillips' Milk of Magnesia serves as an economical and effective mouth antacid. Phillips' Milk of Magnesia and Phillips' Milk of Magnesia Tablets taken internally help sweeten the mouth and breath.



# **PHILLIPS'**

## **Milk of Magnesia**

Prepared only by THE CHAS. H. PHILLIPS CHEMICAL COMPANY, New York, N. Y.



# Six New

Including **INSTANT Warm Water**

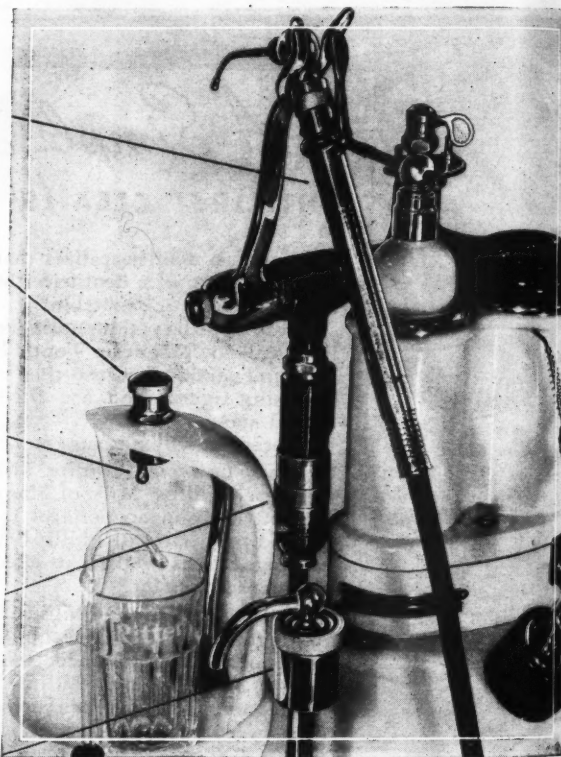
Heating element  
in handle of  
syringe

Water valve on  
top of cuspidor  
shield

Hose may be  
attached to  
water outlet

Heat control  
conveniently  
located—  
just set and  
heat remains  
constant

Vacuum breaker  
prevents water  
supply contam-  
ination—no back  
siphonage



Not shown — new gas control for Bunsen burner at  
end of bracket table arm, making for easier regulation

*As it's new you'll find it on*

1. R
- w
- h
- w
2. N
- d
- p
- ic
3. N
- cu
- w
- el
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# Features

## in Thermo-Water Syringe

Now Incorporated in

## RITTER UNITS

1. Ritter now offers a new Thermo-Water Syringe delivering warm water instantaneously. Heating element incorporated in syringe handle always maintains water at constant heat—never too warm for operator's hand.
2. New heat control for water syringe permits its operation at any desired degree of temperature. Just set control for desired temperature and the heating element in syringe handle automatically does the rest.
3. New vacuum breaker incorporated in BOTH saliva ejector and cuspidor prevents back siphonage of contaminated water should waste line clog and the water supply fail. This principle assures clean water at all times.
4. Drinking glass supply valve now conveniently located on top of tumbler shield. Simplifies regulation of water supply.
5. Tumbler supply nozzle redesigned to permit easy attachment of hose supplying cold water to impression material cooling trays.
6. New type valve control for Bunsen burner horizontally located on end of bracket arm, bringing about greater clearance over patient's lap and easier adjustment of flame.

Only Ritter offers *all six* new outstanding features, in addition to the thousand and one others that have made Ritter the leader in Units for more than 22 years.

Cords automatically retrieved with counter weights, assuring *positive* return of instruments at all times; no springs to get out of order; ample length instrument cords and tubings for all general operating purposes; no unnecessary twisting of hand to grasp instruments; rapid wear avoided by means of bell-mouth openings where cords and tubings emerge; all low-voltage instruments and air syringes in one compact panel; pistol-grip type handles used in all syringes with individual regulators incorporated in syringe head; easily adapted for use with the Rest Stool; *light-weight* and *easily-movable* bracket table sufficiently elevated above patient's lap so as not to interfere with operations, yet conveniently low enough for efficient reach of the operator.

RITTER DENTAL MANUFACTURING CO., INC.

RITTER PARK

ROCHESTER, N. Y.

on RITTER equipment..

## *The* **DEWEY** *School of Orthodontia*

founded in 1911 by Martin Dewey, D.D.S., M.D.

Sessions held at intervals throughout the year. Date of next session on application. Classes limited.

*For further information write*

The Dewey School of Orthodontia, 17 Park Avenue, New York City

## **SIMPLE GINGIVITIS**

A little Antiphlogistine, massaged three or four times a day well over the gums and about the gum margins, is often very helpful treatment. Its medication encourages reduction of the inflammation and tends to bring about a healthier tone to the tissues.

## **ANTIPHLOGISTINE**

The Denver Chemical Mfg. Co., New York

## *A New product* FROM MOYER LABORATORIES **MOYCO PULP CONSERVER**



### **PACKAGE CONTAINS:**

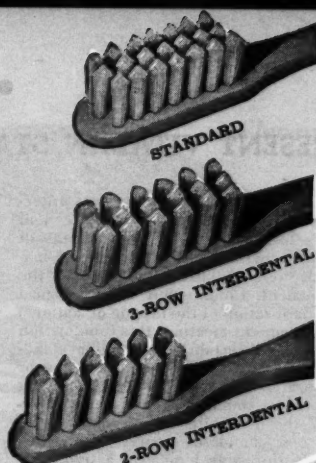
- 1 Bottle Pulp Conserver Powder
- 1 Bottle Pulp Conserver Liquid
- 1 Bottle Solvent and Cleaner
- 1 Bottle Cavity Lining
- 1 Capsule 1-16" Copper Disks
- 1 Capsule 1-8" Copper Disks
- 1 Capsule 3-16" Copper Disks
- 1 Glass Mixing Slab
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● Early in this decade the first International Standards of Reference and Units for vitamins defined in terms of definite quantities of the standard materials were tentatively adopted by the Permanent Commission on Biological Standardization of the League of Nations. At subsequent meetings this Commission has replaced certain of the original standard materials by the pure vitamins or preparations considered to be better adapted as standards of reference. However, the new units defined in terms of the new standards represent approximately the same biological activities as the original International Units.

Believing that the present units and the standards of reference upon which they are based will be of interest, they have been tabulated and defined:

### Vitamin A

The standard of reference (1) is a solution of purified beta-carotene in an inert oil, of such concentration that one gram of solution contains 300 micrograms (0.300 mg.) of beta-carotene. The International Unit of vitamin A is the vitamin A activity of 2 mg. of the standard solution, or 0.6 micrograms of beta-carotene.

### Vitamin B<sub>1</sub>

The reference standard (2) is the International Standard preparation of thiamine chloride. The International Unit for vitamin B<sub>1</sub> is the antineuritic activity of three micrograms (3Y) of the International Standard.

### Vitamin C

The reference standard (1) for vitamin

C is a specified sample of crystalline levo-ascorbic acid. The International Unit for vitamin C is the vitamin C activity of 0.05 mg. of this standard.

### Vitamin D

The reference standard (1) for vitamin D is a solution of irradiated ergosterol, prepared under specified conditions at the National Institute for Medical Research (London). The International Unit for vitamin D is the vitamin D activity of 1.0 mg. of this standard solution.

The International System of expressing vitamin values will undoubtedly soon become official for all authoritative agencies which concern themselves with the establishment of vitamin standards and units. Reference standards for riboflavin and nicotinic acid—both of which are of significance in human nutrition—have not been defined. However, the use of units such as micrograms or milligrams of the crystalline compounds to express riboflavin and nicotinic acid values is becoming increasingly prevalent.

The use of vitamin units of definite value permits correlation of various phases of vitamin research, particularly those phases relating to the vitamin contents of common foods and to the quantitative human requirement for these essential food factors. Although vitamin supplementation of the diet may be desirable under certain circumstances, it is apparent (3) that a well planned mixed diet is most suitable for supplying optimal quantities of the vitamins along with the other essential nutrients. The established vitamin values of canned foods (4) serve as an indication of their usefulness in formulating such diets.

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- (1) 1935. Nutrition Abstracts and Reviews, 4, 705.  
 (2) 1938. League of Nations Bulletin of the Health Organization, 7, 882.  
 (3) 1938. J. Am. Diet. Assn., 14, 1.  
 1938. J. Am. Diet. Assn., 14, 8

- (4) 1935. J. Home Econ., 27, 658.  
 1935. J. Nutrition, 9, 667.  
 1938. J. Am. Med. Assn., 110, 650.  
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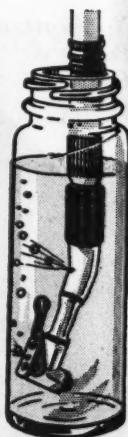
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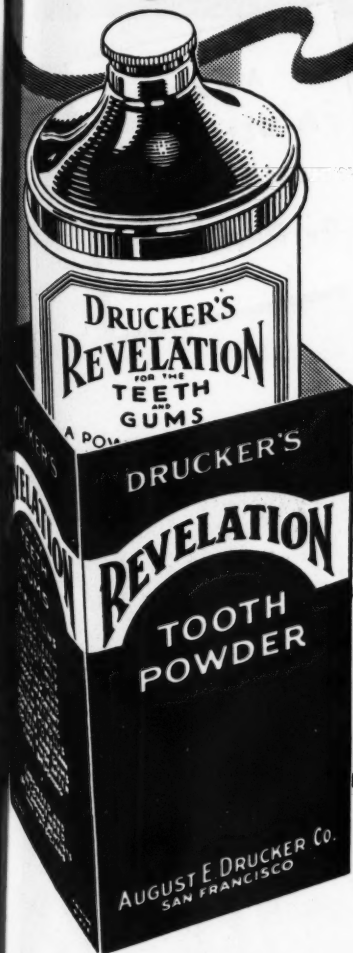
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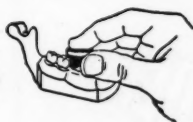


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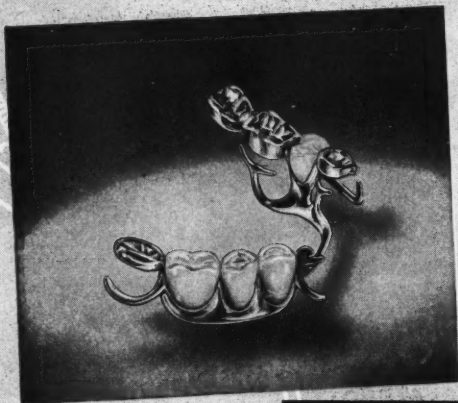
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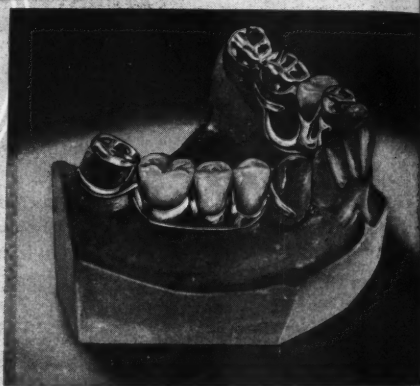
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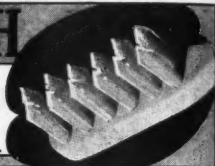
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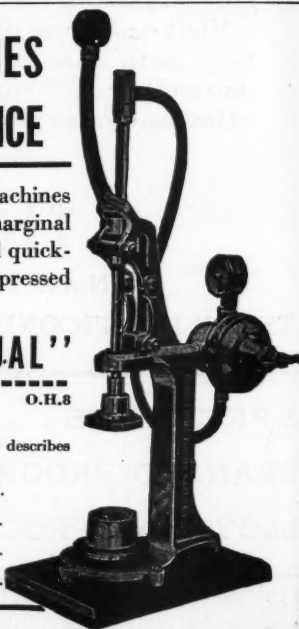
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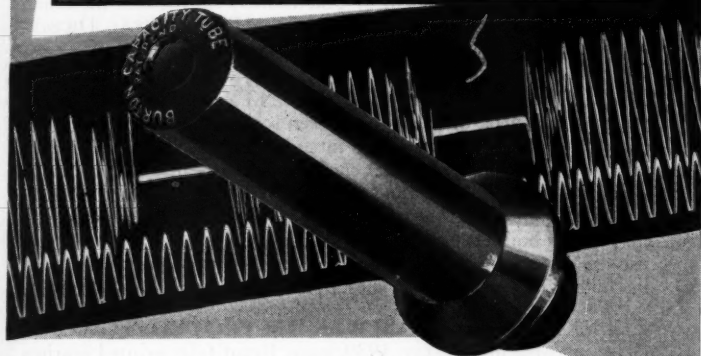
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An unpleasant breath does not always mean oral disease, but may originate from constipation. When intestinal stasis is neglected, it may unfavorably influence oral health. Therein lies the interest of dentistry in bowel regularity.

For a dependable evacuant, dentists may confidently recommend AGAROL, the original mineral oil and agar-agar emulsion with phenolphthalein. It not only lubricates the intestinal tract, mixes thoroughly with its contents to keep them soft and pliable, but also gently stimulates the peristaltic function to renewed vigor and activity. Because of its exceptional palatability and freedom from oily taste, patients like Agarol.



AGAROL is available in 6, 10 and 16 ounce bottles. The average adult dose is one tablespoonful.

*Shall we send a trial supply?*

**WILLIAM R. WARNER & COMPANY, INC.**  
113 West 18th Street, New York City

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ONE IS OUTSTANDING

**L**OOK at the "passing class" in any school. There is a wide range of abilities. They have all met class requirements. But not all are of equal scholastic standing! **ONE** *always* stands at the top.

It is much the same with alloys. Many brands "pass"—yet not all are of equal quality, equal efficiency, or equal value as a filling material.

Impartial tests by alloy-wise critics have shown Minimax Alloy No. 178 to be **ONE** alloy in the passing class that is outstand-

ing. Why? Because Minimax continues to comply with alloy specifications not only under carefully controlled testing laboratory investigations, but also in the hands of dentists under every day office technics. Whether the cavity is large or small, easily accessible or hard to get at, Minimax proves its **DEFINITE SUPERIORITY** by producing lustrous, long lasting satisfactory fillings.

You will never regret your choice of Minimax Alloy No. 178.

In 5 oz. BOTTLES	In 1 oz. BOTTLES
5 ozs. \$1.50 per oz.	1 ozs. \$1.60
10 ozs. 1.40 per oz.	5 ozs. 1.55 per oz.
20 ozs. 1.35 per oz.	10 ozs. 1.45 per oz.

Complies with A.D.A. Specifications No. 1. Fillings suitable for alloy-mercury gauges.

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## FEATURES

● Absolutely shockproof—tube and transformer immersed in oil.

● Ample power—delivers 10 M.A. at 58 P.K.V. Operators can depend on full output.

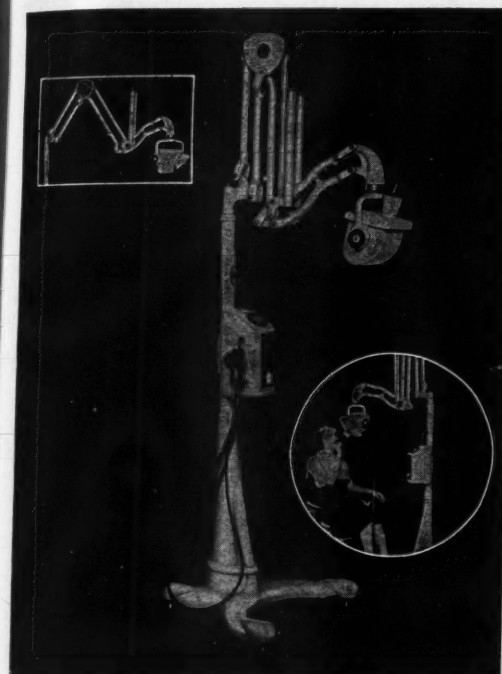
● Completely flexible—all positions easily obtained while patient remains seated in dental chair.

● Fine control—and using only one meter and one control. Operation is simplicity itself.

● The x-ray tube—of the fine line-focus type, designed especially for endurance and great radiographic definition.

● Stability—this is a special feature—positions once attained are held remarkably free from vibration.

● Mobility—unit is mounted on free-rolling casters, base shaped to fit close to chair.



# FISCHER Mobile-Shockproof Dental X-Ray Apparatus

This FISCHER trademark guarantees you satisfactory performance.



■ For dentists who do not desire or who cannot use a wall-mounted apparatus, H. G. FISCHER & Co. have designed and announced this new pedestal-mounted unit. Very compact, made of the finest materials, and guaranteed in performance, here is a dental x-ray apparatus that will serve your every need. No finer dental x-ray apparatus is available today at any price.

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Made in two shades—the regular and the light shade.

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## Checks NAIL BITING AND THUMB SUCKING

Thumb sucking may cause crooked teeth, high vault and deviated nasal septum which results in inflammation of the nose, throat, middle ear and often partial deafness.

THUM contains pure capsicum with citric acid in a nail-lacquer base which cannot be removed from fingers. Applied like nail polish. Not to be used on children under 2½ years old.

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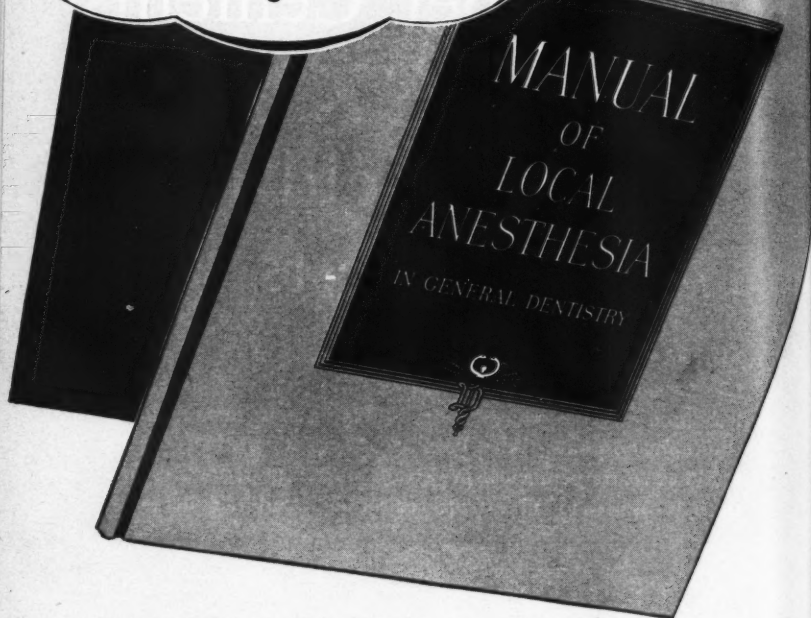
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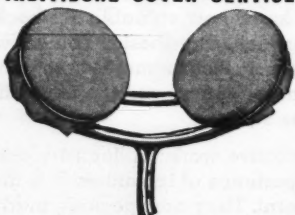
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● The rapid increase in the number of dentists caring for their *own mouths* with PYCOPE products, is the highest testimony to their proven merits for the purpose intended.

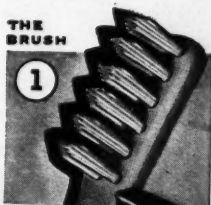
PYCOPE Tooth Powder is "Council-Accepted." Its CLEANSING ACTION is practically 100%. So is its SOLUBILITY. It contains no soap, no glycerin. The salt, of its salt-and-soda base, is eight times the ordinary fineness. PYCOPE Powder is also 100% SAFE. It has no sodium perborate, no grit, no dangerous drugs. And it WILL NOT MAT a toothbrush!

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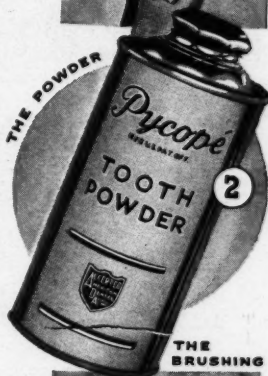
Use them yourself and you'll be *all the more delighted* to recommend them to your patients! — PYCOPE, Inc., 2 High Street, Jersey City, N. J.

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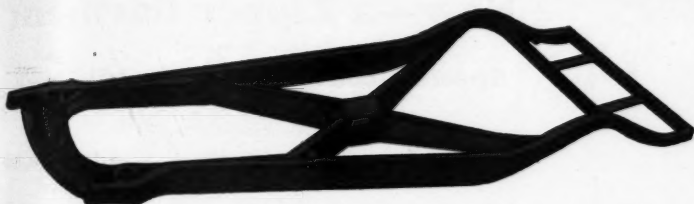


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THE automobile frame is a marvel of strength, rigidity and lightness. It has to be, to withstand the routine strains of normal service, not to mention sudden crashing impacts.

How does the automobile frame get its exceptional strength? By "meeting force edgewise," by applying the same fundamental engineering principle used in Flat Pin Facings.

The "L"-shaped beams in a frame are merely two "flat pins" joined at right angles. But that "L" form meets every force edgewise—whether vertical or horizontal.

SINCE the only force to be met by facing pins is vertical, the single, flat "I" type is adequate. It takes force on its edge—and won't bend edgewise!

Flat Pins offer another advantage in facings. They occupy less space, mesio-distally, in the porcelain. That means *more porcelain at the pin line*—an important feature, as the greater the bulk of porcelain, the greater the strength.

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## FLAT PIN FACINGS

Flat Pins are available *only* in Trubyte and Dentsply Facings. They are especially indicated in soldered bridgework.

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THE DENTIST'S SUPPLY COMPANY  
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**Special—continuing thru AUGUST**

Either "V"-neck or Military Collar  
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## BENZOCAINE PASTE

A Compound Paste or Ointment containing Benzocaine, Thymol Iodide and Urea. This remedy will definitely and positively control pain emanating from an abraded surface. It also prevents infection and promotes healing.

Send for FREE descriptive Booklet  
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## Satisfaction

Doherty's rubber in light and medium light shades has won the reputation of pleasing both dentist and patient. Dentists approve its superior quality, toughness and durability: patients enjoy the perfectly matched gum shades which make their dentures look so natural.

Address correspondence to Dept. B,  
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**EUGENE DOHERTY'S PINK RUBBERS**

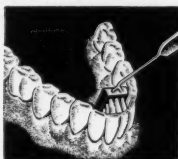
# This New, Efficient



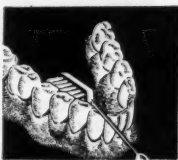
THE Squibb Angle Toothbrush offers something really new in toothbrush design. It is a most adaptable, easily handled, efficient brush, affording greater accessibility in cleaning difficult-to-reach areas.

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**The "Mouth-Mirror" Angle.** This angle brings the back molars within easy reach of the brush head. It also permits effective brushing of the lingual surface of incisors, even where the arch is narrow.



**The "Jog" Angle.** This angle makes it possible to bring the brush head down to the gum line while keeping the handle in a practically horizontal position, thus facilitating cleaning between the teeth.



## Other Features

**Twin Metal Shank**—of special rust-resisting alloy—remarkably strong yet slightly flexible.

**Three Rows of Natural Bristles**—**Six Tufts to a Row**—high quality, natural bristles spaced to penetrate to about the same depth irrespective

of which teeth are being cleaned. Two degrees of stiffness—hard and medium.

Recommend the Squibb Angle Toothbrush. Its exceptional cleansing efficiency will please the users and assure greater cooperation from your patients. It is suited to *mouths of all types*.

**The Forgotten Tooth Becomes the Remembered Tooth with the Squibb Angle Toothbrush**

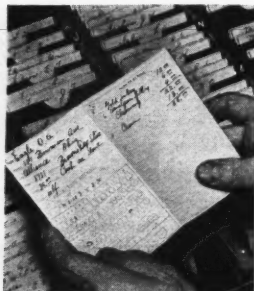
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MANUFACTURING CHEMISTS TO THE MEDICAL AND DENTAL PROFESSIONS SINCE 1858

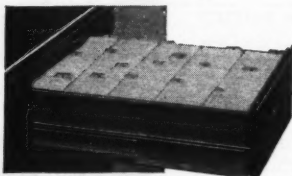
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the modern pump tells  
you how much is pump-  
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covers you—from appointment to income tax  
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**THE EXTRACTION**  
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**AIDS IN RELIEVING DENTAL PAIN**

**ANACIN is also helpful in relieving pain due to headache, neuralgia and neuritis. Free Anacin sample service to all dentists on request.**



**THE ANACIN COMPANY**  
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...*No* MATTER WHICH



*Use only one-half inch of* .

# TOOTHBRUSH YOU PREFER

Use only one-half inch of KOLYNOS  
on a dry brush

One-half inch of Kolynos Dental Cream is just the correct amount to produce the desired effect—the mouth feels clean and refreshed.

KOLYNOS is concentrated—contains no added water.

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ON A DRY BRUSH



Average net content 3 oz.  
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 REG. U.S. PAT. OFF.  
**POWDER**  
*Antacid-Alkalizer*

**DOSE:** One level teaspoonful  
 in a glass of water if necessary  
 repeat every three or  
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Manufactured by  
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**GASTRIC HYPERACIDITY  
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 to EXCESS STOMACH ACID**

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 In convenient  
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*Samples Free  
 To the Dental Profession on Request*

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## PORCELAIN THAT FUSES TO GOLD TRIAL PACKAGE

SO MANY DENTISTS have asked us to supply them with a smaller amount of Pors-on than contained in our regular office kit that we are introducing a package for trial purposes. It contains  $\frac{1}{4}$  oz. Tip and  $\frac{1}{4}$  oz. Neck of shade 9 T.C. and a small Pors-on crucible. At present, No. 9 is the only tooth shade available.

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**PONTILAY GOLD.** Specially formulated for use with Pors-on.  
At your dealer..... \$2.33 dwl.

**\$5**  
**SHADED PORS-ON TRIAL PACKAGE**  
(complete kit \$38).

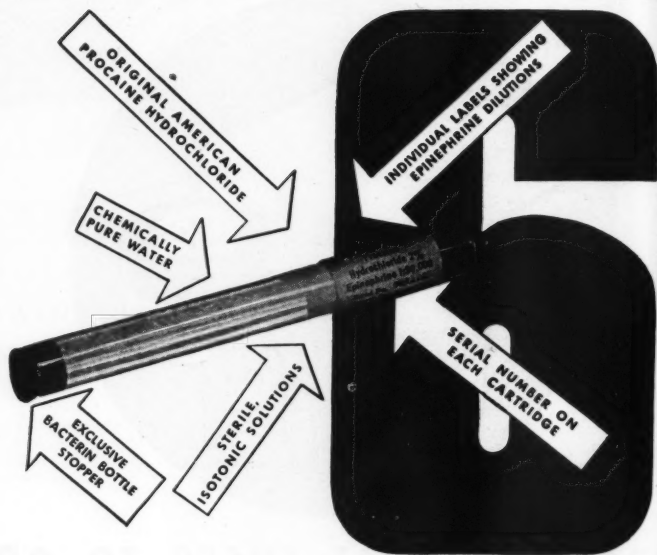
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*Manufacturers of Precious Metals for Dentistry*



## *Six reasons why thousands of dentists* **SPECIFY ABBOTT DENTAL CARTRIDGES**

Abbott Procaine Hydrochloride Cartridges were introduced slightly more than a year ago. Today, they are preferred by thousands of dentists. There are six good reasons:

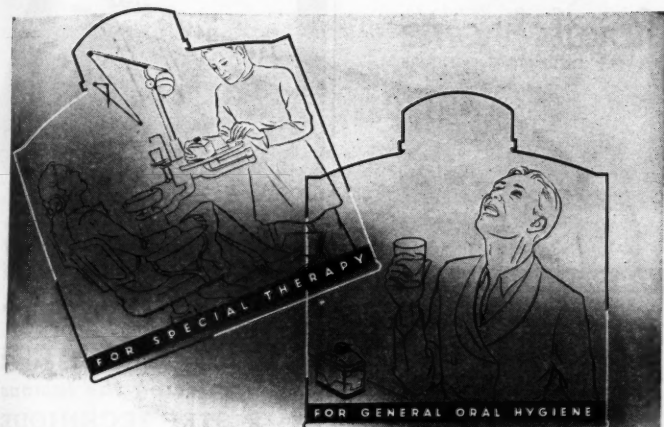
- (1) They are produced by a firm with over twenty years' experience in the manufacture of procaine hydrochloride—the first firm in America to produce the drug.
- (2) The water used in making the solutions is chemically pure.
- (3) The solutions are sterile and isotonic.
- (4) Each cartridge carries a label plainly showing the procaine hydrochloride and epinephrine dilution, minimizing chances for confusion and error.
- (5) Each label carries, also, a serial number—a guarantee of precise control, assuring purity and potency.
- (6) The patented stopper, originally developed for use on Abbott bacterin bottles, permits quick, easy penetration by the needle. It fits tightly against the cartridge, preventing leakage due to pressure.

Abbott's Procaine Hydrochloride Cartridges, ready for immediate use in any standard syringe which is used for this purpose, are supplied in two of the most commonly used epinephrine dilutions: 1:30,000 and 1:60,000. Conveniently obtained from Abbott distributors everywhere in boxes of 10 and 100 cartridges.

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**ABBOTT LABORATORIES**  
**NORTH CHICAGO, ILLINOIS**





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## THE OXYGEN LIBERATING ANTISEPTIC IS THE PREPARATION OF CHOICE

When all the evidence becomes available, you will discover that Vince serves more effectively your purpose of specific therapy in oral inflammatory conditions than many other measures you may have tried. And Vince will also better serve the needs of the patient as a dental and oral cleanser in the home.

Vince liberates nascent oxygen, but is not a bleach. It cleanses by precipitating mucous plaques, it aids in treatment by inhibiting the growth of pathogenic micro-organisms. Vince is an excellent deodorant.

If you would like to know sodium perborate at its best, ask for a trial supply of Vince. Use it as a powder or paste pack in your office, and prescribe it as a dentifrice and mouthwash for your patient at home. You will have reason to be satisfied with Vince because of its recognized effectiveness, convenience and pleasing flavor.

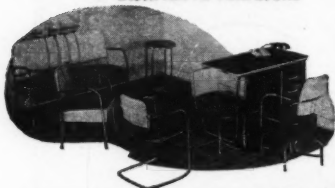
• VINCE is obtainable in tins of 2, 5 and 16 ounces.



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DISTINCTIVE FURNITURE



### IT RADIATES CONFIDENCE

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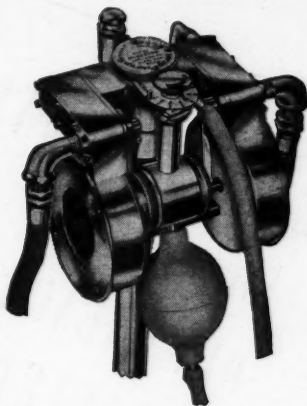


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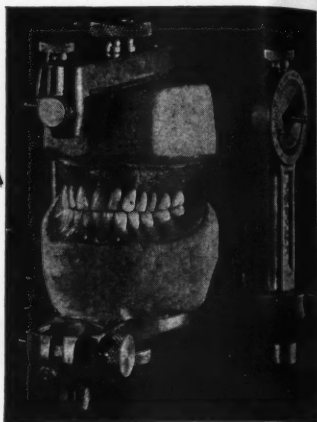
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Even though your technique varies considerably from normal, S-R Alloy will give you a flow which is astonishingly low and essentially the same volume change every time. The mercury content of the finished restoration will be less too—in fact almost as low as if twice the packing pressure were used with an ordinary amalgam.

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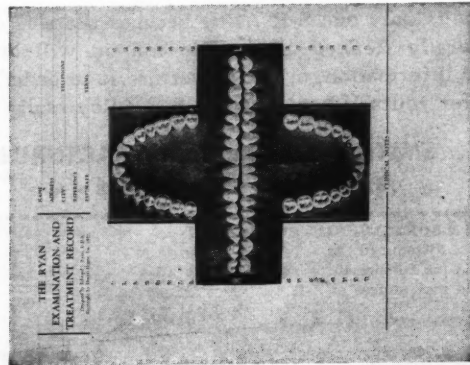
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# Suggestions for the use of

## The Ryan Examination and Treatment Record



1. The Ryan Examination and Treatment Record may be had in pads of fifty charts each. These pads fit conveniently in a standard 9½ by 11½ inch loose-leaf notebook which may be purchased at a five-and-ten cent or variety store.
2. Alphabetical dividers may be made by using a ten cent package of plain white paper of the same size as the charts with holes punched at the same distances, and a fifteen cent box of alphabetical index tabs. The holes are reinforced.
3. It is a good plan to keep a blank sheet of paper between the charts to prevent possible smearing of crayon or pencil markings; but this is not essential.
4. A fresh pad of charts may be kept ready for use in back of the notebook of active records.
5. The various types of restorations and their location in a particular mouth are shown with the use of polychrome pencils—gray, for amalgam; deep yellow, for gold. White pencil does not show up very well; consequently, porcelain may be indicated with soft lead pencil outlines or cross-hatching.
6. Spaces provided beside the quadrants with numbers corresponding to the teeth permit special notations concerning each tooth. As treatment progresses the blue markings indicating needed dentistry are erased, and the nature, location, and date of placement of each new restoration are recorded. Additional clinical notations are made if necessary in the space provided for that purpose below the chart itself.

### TYPES OF PENCILS

Yellow	.....	Mongol No. 867
Gray	.....	Mongol No. 819
Red	.....	Mongol No. 866
Blue	.....	Mongol No. 865
Yellow	.....	Castell No. 40
Gray	.....	Castell No. 67

Castell by A. W. Falser.

### SUGGESTED SYMBOLS

Each dentist may develop his own system

It is essential to be consistent in any system of symbols or markings developed. To insure consistency, it is well to have a key page in the front of the notebook.

9. The exact record of conditions found in the average patient's mouth at



## SUGGESTED SYMBOLS

Each dentist may develop his own system of symbols but the following specific markings have been found simple and adequate:

**Soft Lead Pencil**—(a) Porcelain fillings are indicated by a pencil outline.

(b) Porcelain jacket crowns and bridges are shown by cross-hatching with lead pencil across the corresponding tooth or teeth on the chart.

(c) Missing teeth are blocked out with a soft lead pencil.

(d) Abrasions are represented with soft lead pencil.

**Blue Pencil**—(a) Cavities are indicated with blue pencil.

(b) Advisable restorations are demonstrated with blue pencil.

**Red Pencil**—(a) A red line is used to indicate the presence of a root canal filling.

(b) A red outline shows the presence and position of an impacted tooth.

(c) Red pencil is used to represent pulp involvement.

(d) A red "X" is made across a tooth to indicate that its extraction has been advised.

(e) Pyorrhea pockets are represented in red along the crest of the alveolar ridge (and a notation is made at the bottom of the chart if extensive gingivitis is present).

It is essential that in any system of symbols or markings developed. To insure consistency, it is well to have a key page in the front of the notebook.

8. The exact record of conditions found in the average patient's mouth at the original examination can be completed in fifteen or twenty minutes, and the time it takes to keep a chart up to date is negligible.

9. When a chart is completed the necessary data (name, address, telephone, reference, estimate, and terms) are typewritten in the spaces provided at the top of the record. The date of the original examination is also recorded in order that the treatment dates (as shown in the quadrants at the sides of the chart) will be recognized as subsequent to the date of the original examination.

10. Provision is made on the back of the chart for bookkeeping records. This is merely for the convenience of dentists who wish to keep all records together, but may be ignored by dentists who have a satisfactory bookkeeping system which they need not and do not wish to discard. The Ryan Examination and Treatment Record may be employed as an additional or supplementary record to any established method of record-keeping dentists may have.

11. Although the Ryan Examination and Treatment Record was designed for the dentist's own convenience in his practice, the charts have been found to have a definite informative value in explaining conditions to patients. The charts are also particularly helpful in reporting dental conditions of patients to cooperating physicians.

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**DENTIST:** Registered New Jersey; desires position or proposition requiring small capital outlay with mutual advantages. Details desired. Age thirty. "9" Oral Hygiene, Pittsburgh, Pa.

**POSITION WANTED:** Very successful exodontist and plate man. Sixteen years experience. Exceptional all around dentist. Age 39. "O" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Practice and equipment in Central Pennsylvania town of twenty thousand; modern two chair office, x-ray; established twenty years. Specializing. "C" Oral Hygiene, Pittsburgh, Pa.

**WANTED:** Partner, young man 25 to 40 best town in middle Tennessee; no money; character and ability. Give full particulars in letter. "M" Oral Hygiene, Pittsburgh, Pa.

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Completely equipped dental office including operating instruments. Live town, Southern Washington. Exceptional opportunity. Sale account death of owner. Inquire of Mrs. J. D. Banes, Wapato, Washington.

**FOR SALE:** Complete two chair dental office with gas and x-ray in central Indiana. Must sell at once, leaving State. "J" Oral Hygiene, Pittsburgh, Pa.

**WOMAN DENTIST,** seven years' experience in institutional work, seeks new position therein, or on detailing staff of pharmaceutical manufacturer; trained also as dental hygienist. References. "X" Oral Hygiene, Pittsburgh, Pa.

Practice for sale at a very low price, in Pennsylvania town of four thousand population. Present owner will retire. Three other dentists in town. Applicants must be financially responsible. "5" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Dental practice of thirty years' standing in Hartford, Connecticut. No reasonable offer refused. Retiring. "B" Oral Hygiene, Pittsburgh, Pa.

**FOR SALE:** Old established practice; small Northern Iowa town, fully equipped office in rich farming community. Reason for selling; expect to enter other business. "8" Oral Hygiene, Pittsburgh, Pa.

Thoroughly experienced plate and gold man desires position in ethical office. Will go anywhere. Settled, sober, etc. "6" Oral Hygiene, Pittsburgh, Pa.

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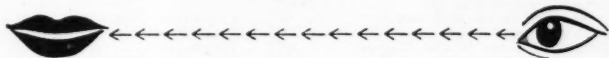
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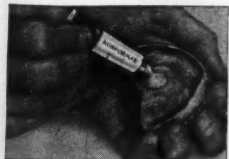
Brush Thoroughly



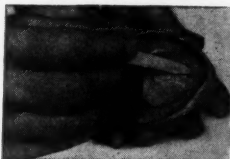
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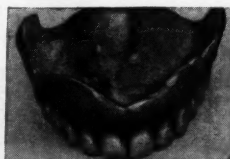
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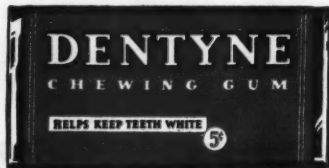
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For Cast Crown and Bridge Work  
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Fusion Temperature 1775° F.

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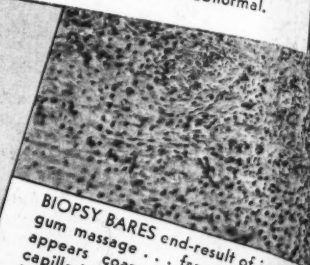
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IN SENDING YOUR TRAY TO  
US OR YOU CAN SEND DIRECT



CLINICAL PICTURE of gums neglected as to stimulation. Extensive caries. Marked hypertrophy of tissues. Mucoid film scrubbed off before presentation. Heavy deposit of calculus.



CAPILLARY PHOTOS show effects of non-massage regime on dilation of capillaries; length and diameter abnormal.



BIOPSY BARES end-result of inadequate gum massage . . . fragmented collagen appears coarse, granular, edematous. capillaries poorly defined, extravasating. Inflammation

## CLINICAL FINDINGS

## CAPILLARY STUDIES

## TISSUE SECTIONS

# ALL SHOW THAT GINGIVAL MASSAGE IS VITAL



Stagnant blood in flabby gums usually tends to resume a more normal flow when inadequately stimulated capillaries are aroused by daily use of IPANA plus massage. Teeth and gums may once again receive more adequate nutriment; removal of waste matter may proceed apace. Firmer gums provide a more secure anchorage for the teeth . . . Brushing with IPANA cleans teeth gently and thoroughly . . . Samples on request.

## IPANA TOOTH PASTE

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